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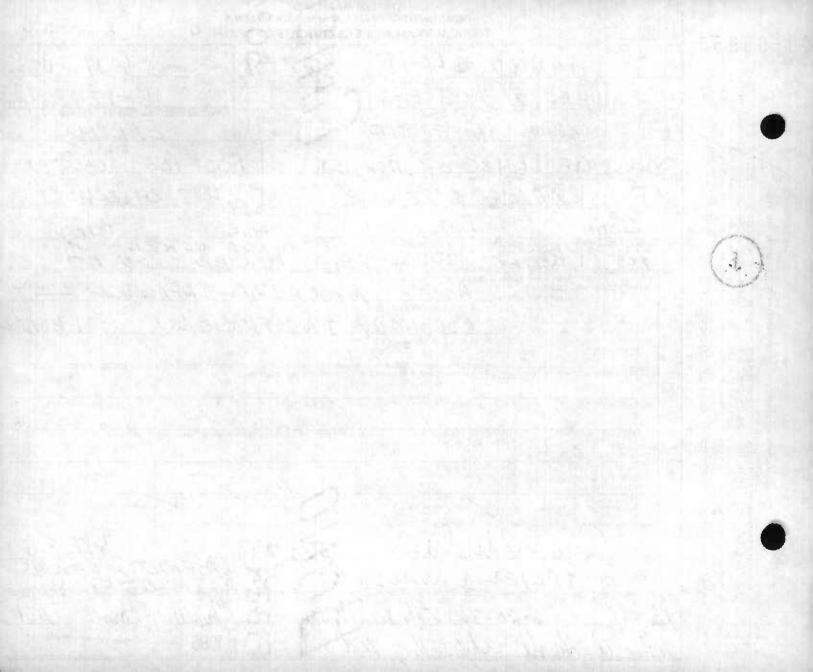
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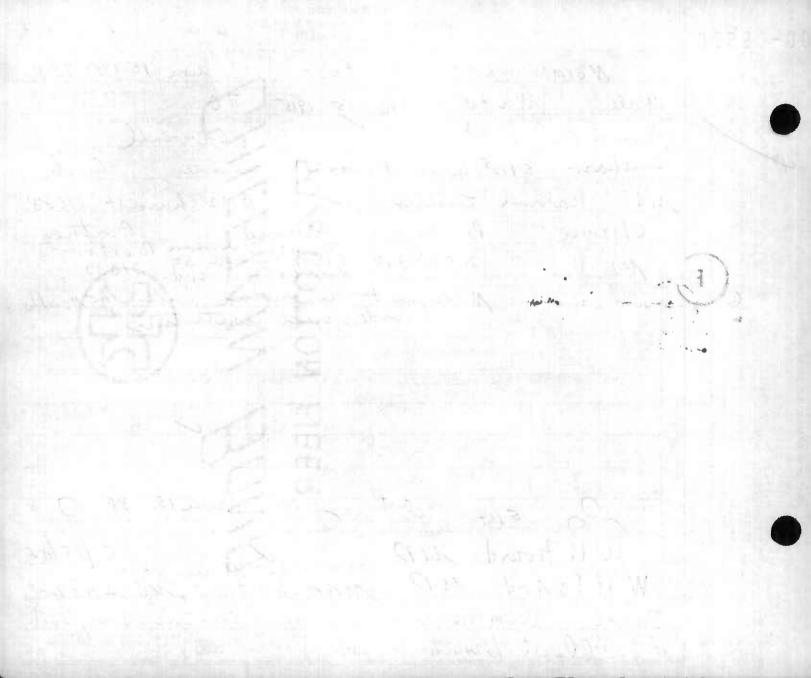
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO REGISTRAR 20. DATE KNOWN DECEASED NAME MONTH DAY TYPE OR PRINTI DEATH MATED IF LINDER 1 YR F UNDER 24 HRS. DATE 3. SEX YEAR LAST BIRTHDAY) MONTHS DAYS HOURS PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNT MARRIED NEVER MARRIED DIVORCED [KIND OF BUSINESS II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 13d INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAM 14. FATHER'S NAME 17. INFORMAN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 66. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which TNOOFFICIENCY gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] NO A 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.I STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection 🔛 and in my opinion Suicide Homicide Undetermined monner death resulted from ACTUAL SIGNATURE (TYPE OR PRINT) BP 356 REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 15M 7/76



STATE OF MARYLAND



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DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial 236 DATE 6-7-86

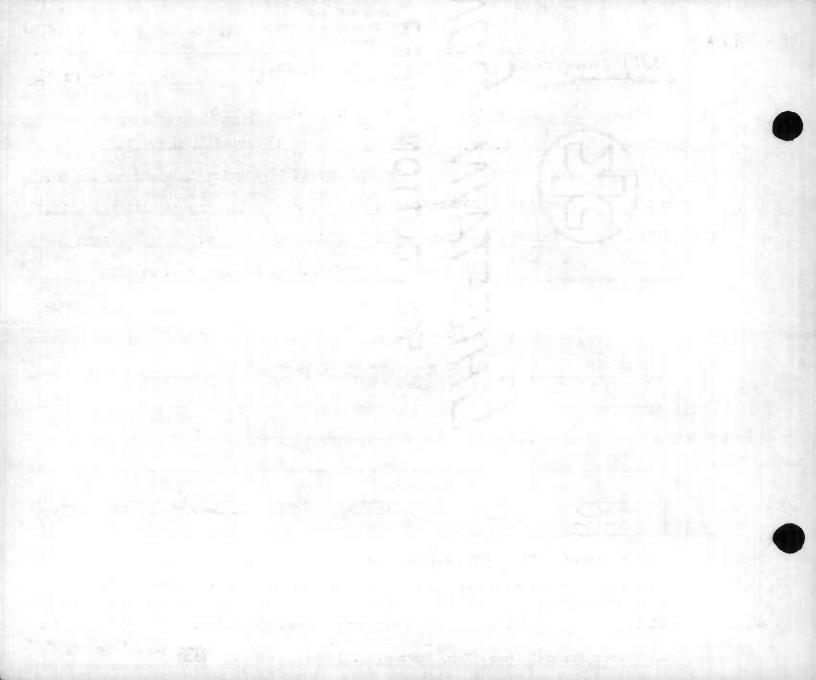
23c NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery

23d LOCATION Balto.

Md. COUNTY

24 FUNERAL DIRECTOR ADDRESS 1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204

250 DATE REC'D. BY REGISTRAR 251 REGISTRAR SCIGNATURE



6-23-86

Balto.

Remova.

Anatomy Board

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/B3

(VRA 15, 4)

STATE OF MARYLAND

STATE

Julia Davidson. Kandace

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STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** 00-092 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR LAST CHUYUN . DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED RALPH CLINGAN DONALD 4. RACE 6. AGE (IN YEARS 3. SEX 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED Male Caucasian Aug. 13.1914 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) U.S.A. Carroll Co. Maryland DIVORCED 120. USUAL OCCUPATION (TYPE OF WORK III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS Machinist Clothing 3380 Francis Scott Key Highway Taneytown USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21787 13b. COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c. CITY OR TOWN Carroll 3380 Francis Scott Key Hwy. Tanevtown Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Smith Clingan Beulah Samuel 3380 Prancis S. Key Hwy. 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? M. SOCIAL SECURITY NO 17. INFORMANT (YES, NO. OR UNKNOWN) 214-03-4637 Irene E. Clingan Taneytown, MD 21787 Yes 18. CAUSE OF DEATH (Enter only one couse pe BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OF A CONSEQUENCE OF Conditions, if any, which 111060 gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE O lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a IVE DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMEDS 20 AUTOPSY? YES NO . 21s EXTERNAL CAUSE WAS 21s. TIME OF INJURY ZIL HOW INJURY OCCURRED LENGER NATURE OF INJURY IN 115M 18 FART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 71s. PLACE OF INJURY TH LOCATION CITY OF TOWN STATE AT WORK AT WORK COUNTY death regitted from Undetermined manner EXAMINER'S NAME Richard Carroll Co. Hosp., Westminster, MD TYPE OR PRINT 13: NAME OF CEMETERY OR CREMATORY TIE BURIAL CREMATION REMOVAL TIE DATE TM. LOCATION Jun.4. 1986 Trinity Lutheran Cem. Taneytown, Carroll, Maryland BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE 136 E. Baltimore St. **DHMH - 17** (VR A15 ME (5)) Skiles Funeral Home Tanevtown. MD 21787 15M 7/77

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	ER: THIS ATE, WR FORWAR 9R: PAGE 4E STATE 5, 21201		22a. I certify	that I took charg	e of the remains	described o	bove, held on	Autop	sy , Inspection	on X	Inquiry [, ond in m	y opinion		
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BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OF INDUSTRY Reg. Nurse Hospital 139 STREET ADDRESS / ZIP CODE Adams 11537 Taneytown Pike Emmitsburg, Md. 21727 IMMED ARTERIOSCIEROTIC HEART DISEASE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CHRONIC OBSTRUCTIVE PULMUNARY DISEASE 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 1986 and that in (my) (our) opinion death accurred an the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 8 Anchor Street, Westminster, Md. 21157 Burial June 30,1986 St. Joseph'Cemetery Taneytown, Carroll, Md.21787 24 Skiles Funeral Home 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 136. E BaltimoreStreet Taneytown, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

26 HOUR

IF UNDER I YEAR

2a. DATE OF DEATH

FOR

REGISTRAR

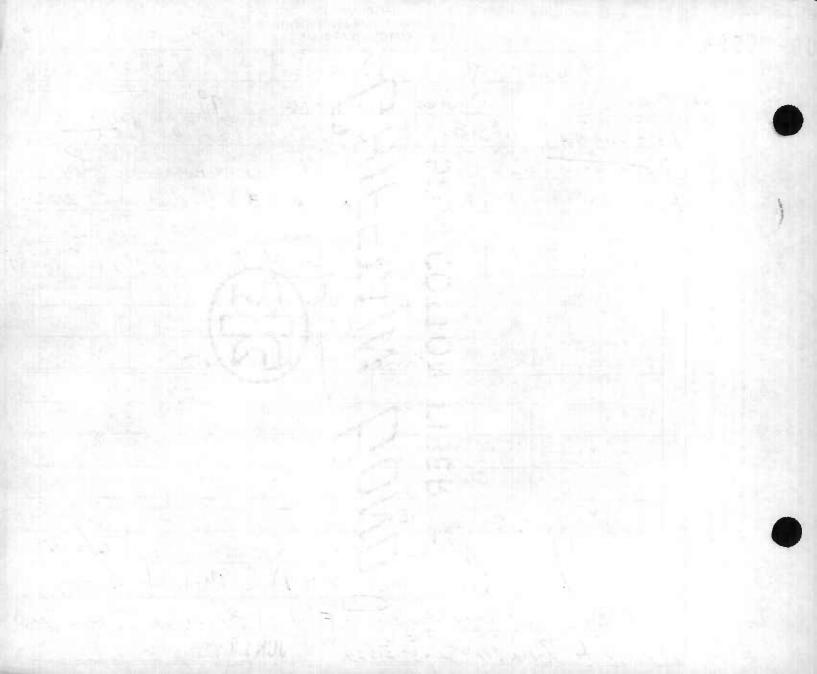
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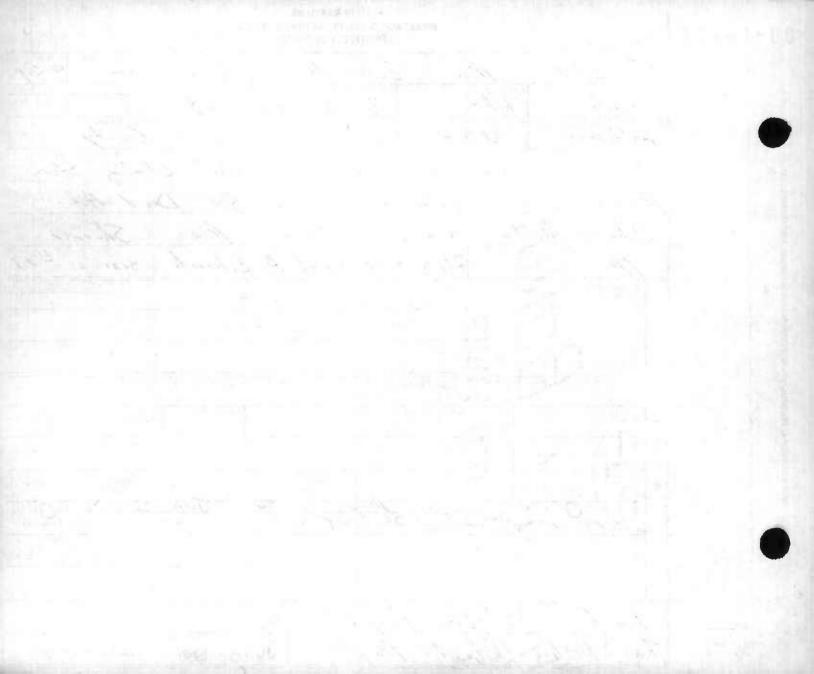
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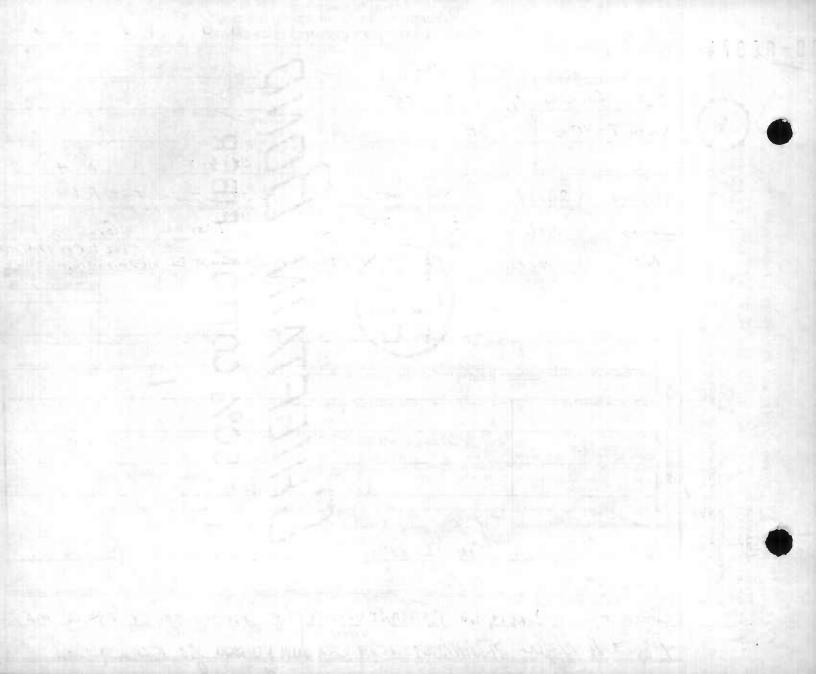
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e 54 6		CEASED NAME LITTLE	Mars	5.	enrode	20. DATE OF DEATH	MONTH DAY YEAR	850 PM
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-	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	FOR WHICH OPERAT	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINE IN CERTIFYING CAUS YES	DINGS USED ES OF DEATH? NO
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R ATTENDIN hospital or RECTOR: Attended for use opp. of Health tem 21 is more		22a.1 certify the (1) this hosp	ital) attended the d	19 76	and that (my) our) apinior	to Jule	ote and hour and from the	-, that (1) we) lost he couses stated
the he hoche		× Hallert	Wm	1 mw	DEGREE ATTENDING PHYSICIAN	MEDICAL STAR	F _ //	TE SIGNED 04 - 86
TO HOSPITAL TO FUNERAL should be deter with the Store		James H.	DORSCY	M.D.	6701 N. C.	harles St.,	Balto, Mc	1.21204
BP	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE 6-5-19	36 PAPE OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	7/	MERAL DIRECTOR NAME OF HERELE!	665tan	Still Mar	yland 1500	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN XX MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-Marquette DEATH MATED John Graham 6-11 19 86 6 AGE (IN YEARS 4 RACE 5 DATE OF BIRTH 2d HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 1986 Laucusian DEAD 70 D. M & BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED North WIDOWED Carroll County. DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS ID CITY OR TOWN OF DEATH OR INDUSTRY Studen T Westminster Silver Run Vallev Road N.A USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY Westminster 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Carroll NO 14 3942 Turkey Foo 7 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Dianne am 25 (svahan 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) M. CRAHAM III WESTMINSTER, MD 21157 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Mechanical Compression gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 21g. EXTERNAL CAUSE WAS HOUNT MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH 3 . 10 P.M 6-11 19 86 subject trapped beneath tractor after it over-21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 211 LOCATION turned STREET, FACTORY, FARM, ETC.) COUNTY WHILE AT WORK Silver Run Valley Rd., Westminster, Carroll Co. Autopsy XX 220. I certify that I took charge of the remains described above, held on Inspection Inquiry ond in my opinion cident XX Homicide Undetermined monner TITLE (SPECIFY) ACTUAL 6-12-86 Assistant SIGNATURE EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT 230.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION LEASANT VALLEY PLEASANT CARCOLL 07/84 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 12th REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))



0-1	1101		FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6	7 2 3 9
			1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DA	YEAR 2b. HOUR
	1 71		Wi:	lson Woodr	ow Haley	62	8 86 3:15 Am
	2		3 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS
-	# 00 m	to.	Male	White	6 17 1912	74 YRS.	DATE HOOKS MIN.
	2 30 G	PI	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
	teor in Z	1	Woodbine	U.S.A.	WIDOWED DIVORCED	Carro	11 MD.
	1 11 1	-	10. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR
1 30	2 70	1	Westminster	833 Littlesto	wn Pike	BG&Electric	Line Inspect
16	D D D	25	USUAL RESIDENCE (IF NURSING HON 13a. STATE 13b. CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE OUNTY 13c CITY OR TOW		13g STREET ADDRESS / ZIP CODE	
2/	2 12	\sim		rroll Westmin			wn Pike 21157
1KY1	1 100	0	14 FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE MIDDLE	LAST
W	I 16/6	سكر	Louis	Hale		Mills	
ORE	p 10 1	1	160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES	S. GIVE WAR OR DATES)		ADDRESS 700 Crows	s Ct. Apt lD
WIT.	4 50	1	No	216-03-	7-7	Haley 700 010W	
a A	hysis people people at the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	only one cause per line for (a), (b), and USED BY:	dies (1/A		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
15	d did			DIATE CAUSE (a)	CVVT		
TON	# P 0 1			DUE TO, OR AS A CONSEQUE	ENCE OF		
RES	e de		Canditions, if any, which gove rise to immediate				
*	# # # B B B		cause (a), stating the underlying cause last.		ENCE OF		
201	t please		PART 2 OTHER SIGNIFICAN	(c)	DEATH BUT NOT RELATED TO THE TERM	AND ALDIES ASS OR CONDITION ONE	1010101
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00	the second		190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES,	WERE FINDINGS USED
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10	TOTAL PARTY	4	OR CONTRIBUTING CAUSE OF		19		
NO	AME Office Ame	1	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
IVIS	office of the control		NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM EIC)	F 0	SIAIL
0	A A S		220.1 certify that (1) (this ha	aspital) attended the decrased fram_	5 / 19 84	, 10	, that (I) (we) lost
-	and of the		saw the deceased alive above, (I) (we) (did) (did	an	, and that in (my) (aur) opinion	death accurred on the date and have	and from the causes stated
	The state of the s		22b. SIGNATURE	2	DEGREE	/	22¢ DATE SIGNED
	AL AL Series		MIME	Touch	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	6-28-81
	TAN THE PARTY OF T		22d. PHYSICIAN'S NAME TO		22e ADDRESS	- 1 1	4.00
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	NE EZES		230 BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY	23d. TOCATION CITY OR TOWN	POUNTY STATE
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D	DHMH - 16 60M 7.	/B4	24 SONERAL DIRECTOR TI	nomas D. Fletch	er & Son F. H250 DA	TE PEC'D BY REGISTRAPING PEGISTP.	AR'S SIGNATURE
	(VRA 15, 4)		Varju-	254 East Main S	treet JU	L 1 - 1960 Juna Pul	form of a
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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(VRA 15, 4)

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔀 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME FIRST 20 DATE OF DEATH MONTH YEAR 2h HOUR TYPE OR PRINTS Haw Keswort 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Cauc. 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED CarroII County USA WIDOWED DIVORCED T 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12e USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) General Motors Gen. Mtrs. Carroll County General RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE A Ostminst 15 MOTHER'S MAIDEN NAME MIDDLE Johnson Laurence Anna Sears 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Roger W. Hawkesworth. 13e 108-076-964 no 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and ic PART I. DEATH WAS CAUSED BY CARDIAC ACE EST IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF LEASCULAR DICEASE IN ARTERISCLECOTIC CORUNAL) Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g FICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES | NO [CERT 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram_ saw the deceased alive an_ and that in (my) (our) opinion death accurred an the date and havr and from the causes stated ave, (1) (we) (did) (did not) view the body after death SIGNATURE DEGREE 220 DATE SIGNED ATTENDING MEDICAL PHYSICIAN P DIRECTOR PHYSICIAN BLUD. 23e BURIAL CREMATION, REMOVAL 23b DATE Westminster Carroll MD Westminster 6/13/86 Burial 14 FUNERAL DIRECTOR 412 Washington Road 250 DATE REC'D. BY REGISTRAP 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Robert K. Pritts, Sr., Westminster, MD

(VRA 15, 4)

STATE OF MARYLAND

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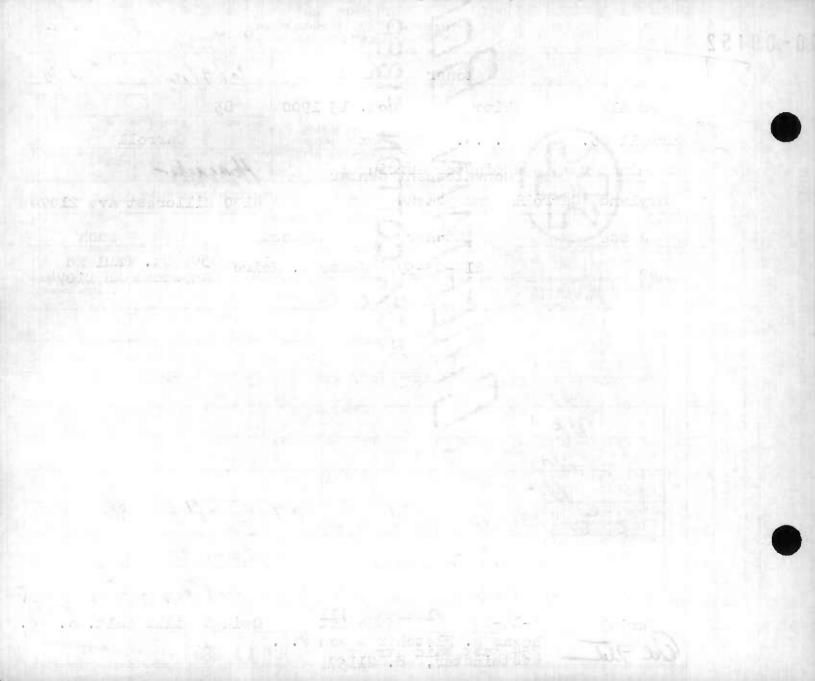
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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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	1-	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG	IENE 8 6	17	2 .	4 4
7		CEASED NAME FIRST		MIDDLE	i	AST	20. DATE OF DEATH	MONTH DAY	YEAR	Th HOUR
١		Viol	LA	Stoner	1-1	IEIRD	6/9/	Ro		230 M
	3. SEX		4 RACE	- Proglet	5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UN		IF UNDER 24 HRS HOURS MIN.
		Female	Whi	te	OC.	t. 15 1900	85	YRS.		
5		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	TEN IN
3	-	rroll Co.		5.S.	WIDOWE			Carrol		MD.
1		TY OR TOWN OF DEATH	LIE NOT IN SU	CHEACHITY GIVE STREET	G HOME (OR OTHER INSTITUTION	TYPE O YORK FOR MOST OF		DUSTRY	BUSINESS OR
1		stminster	Westm		Hts	enter	HOREAGI	6-		
)	13a S Ma		rroll	Hamps te		138 INSIDE CITY LIMITS?		ZIP CODE Icrest	Ave	21074
M,	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	MIDDLE		LAST	
1		Jesse		Stone		Rebecc	a		Bush	1
-		(AS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	3509		aul	Rd
		No		214-03-	5970	Jesse W. H	eird Hamp	stend	Md 2	1074
i		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	only one couse pe USED 8Y:	r line for (a), (b), and	dic i	E CVA			BETWEEN ON	ATE THE RVAL
ł			DIATE CAUSE (a)	MJC	VI	C C 0/1				
		Conditions, if any, which gave rise to immediate		010	n a	J.C.				
		couse (a), stating the underlying cause last		R AS A CONSEQUE	NCE OF			20 100		
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2	MEDICAL CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WE	RE FINDING	SS USED
7	TIFIC	NI	4				YES TO NOT	IN CERTIFYING	CAUSES O	PEATH?
	CER	210. ACCIDENT WAS UNDERLYING			Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
,	CAL	OR CONTRIBUTING CAUSE OF	724	.M. MONTH DA	19					
	EDIC	21d INJURY OCCURRED		OF INJURY REET FACTORY, OFFICE, FA	ADA4 67/ \	211 LOCATION	CITY OR TOV	VN (OUNTY	STATE
	2	AT WORK AT WORK	VA	ALL FROM TON TO OFFICE, FA	ARM ETC.)		, , /		~ .	
H		220 I certify that this ha			7	19.84	_, 10			at (It (we) last
		sow the deceased alive above (I) (we) (Hid) dia	not view the body	after death.		nd that in my (our) opinion o	death accurred an the da	te and have and	from the co	ouses stated
		UN SIGNATURE	11	24-1		DEGREE ATTENDING	MEDICAL STAF		22c DATE SI	GNED
		Johnn	Mull	letm "	mx	PHYSICIAN [DIRECTOR PHYSIC			
1		274 MYSICIAN'S NAME (II	er carrelett	,		22e ADDRESS	0 00			
		John W 8	niddle	tre		1620 Cra	055 Korail In	apping Co	to We	stomes
		URIAL, CREMATION, REMOV	/AL 236. DATE	86 Pie	asan	EMETERY OR CREMATORY	23d. LOCATION	: 77 - 50	YING	d 113
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	6	10 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Thomas	ast 脑针	cher	& Son Figure	N 1 1 1006	Julia Davi	400	indalies
		~ / / / ·	MESTM	inster	Ma	21157	11 1 1 1000	7		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2ª DATE OF DEATH 2b. HOUR DECEASED NAME MIDDLE Carl 800 7 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 4. RACE HOURS MONTH DAY Male Cauc. 19 41 45 YRS. 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? W. BIRTHPLACE THAT OF YORLEN MARRIED NEVER MARRIED COUNTRY Carroll County USA WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) 1826 Dennings Road Rockwell Engineer New Windsor USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

10. STATE

13b. COUNTY

13c. CITY OR TOWN 136 COUNTY 13e.STREET_ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 1826 Dennings Rd. 21776 Carroll New Windsor NO TX YES T WEATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Flavin Loretta Raymond Carl Highsmith Sr Anna ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) V. Elise Highsmith 13e 213-38-5038 Viet Nam ves APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line and its) and its PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying course PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Light WE DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO FA NO YES [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) MONTH OR CONTRIBUTING CAUSE OF BEAT HOUR A.M. DAY YEAR IN ETHER HOTIFY MEDIC A EXAMINER) P.M 19 211 LOCATION 21d PAJURY OCCURRED 21a PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 121.1 certify that (1) this haspital) attended the deceased from 19.87 and that in (my (our) apinion death accurred on the date and have and from the causes stated 22c DATE SIGNE DEGREE SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 236 DATE Burial Lake View Memorial Elder spurg Cannoll

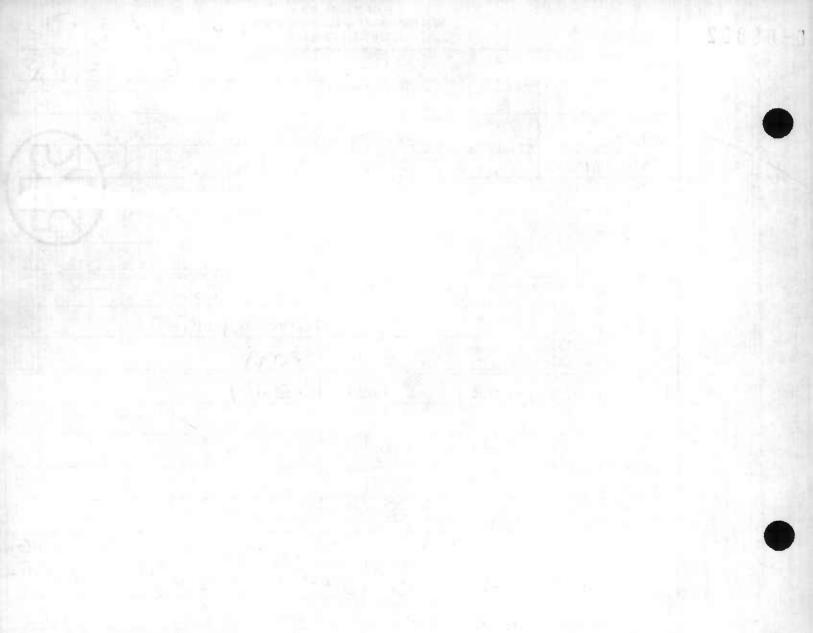
Washington Road

Robert K. Pritts, Sr., Westminster, MD

DHMH - 16 50M 4/83 (VRA 15, 4)



45		FOR		DEPART		OF MARYL	AND MENTAL HYG	ICNE)	1	7)	44
9832	1.	STATE REGISTRAR		DELAKT		CATE OF I		0 0	G. NO.	Esm	4
		CEASED NAME FIRST	M	3,000	L	AST		20 DATE OF DEA		DAY YEAR	2b. HOUR
poge 3	(TYP)	JUNE		E.	HC	F			6	15 86	1150
000	3. SE		4. RACE		S. DATE O			6. AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER I YEA	
s of		FEMALE	WHITE	E	MONTH 7	6 6	31	54	YRS		S HOURS MIN.
62 00		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	HAT COUNTRY?	8 AAA DDIE	NEVER !	MAPPIED T	9 BALTIMORE C			
1300		Maryland	U.S.	.A.	WIDOWE		VORCED [Sept 17	Carro	110	MD.
1 /1/	10 C	TY OR TOWN OF DEATH		OSPITAL, NURS IN		R OTHER INS	TITUTION	12a USUAL OCCI			OF BUSINESS OR
1360		Westmenski	Carr	oll Cour	IN GC	neral	HOSO.	Homemak			
The state of the s		AL RESIDENCE (IF NURSING HOME STATE 1136 COI		130 CITY OR TOW		13d INSIDE C	ITY LIMITS?	13e STREET ADDE	PESS / ZIP CO	DE .	
E DI			roll	Westmi	nster		NO 🔀		hman Va	alley Ro	à. 21157
SALA	14 F/	ATHER'S NAME FIRST	WIDDLE	LAST			S MAIDEN NAM		DLE		LAST
COC		Henry		Weir			Julia			Lal	batue
25 4 1			GIVE WAR OR OATES)	166 SOCIAL SECT		17 INFORMA			DDRESS	1	,21157,
4		NO		215-28-	/436	Debor	AH J. S	turgeon	298 Bac		alley Rd.
Part of the control o		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one couse per l	ine for 101, 16 or	PRAT	TRY	CA	111100	.	BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
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tion of the second		Conditions, if ony, which gove rise to immediate	(b)		- 1	001.					
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riol.		PART 2 OTHER SIGNIFICAN	(c)	S C		4		INAL DISEASE OR	CONDITION	CUCALDIDADI	`
No th	Z	C D	1 - NA-16	Y	DNS	UFFI	CIEN		CONDITION	SIVEN IN PART	110
prio ony	CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATION	WAS PERFO	1	200 AUTOPSY	20b. IF	YES, WERE FINE	DINGS USED
Pos Person	FIE							YES TI NO		TIFYING CAUS	SES OF DEATH?
e share	GR.	210. ACCEDENT WAS UNDERLYING			AM MEAD	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE C	OF INJURY IN ITEM	18 PART I OR PART 2	n
1117	¥	OR CONTRIBUTING CAUSE OF D			AY YEAR						
138 1/	MEDICAL	21d. INJURY OCCURRED	21e. PLACE C		F. 10 F. 10. 1	21f LOCATIO		CITY	ORTOWN	COUNTY	STATE
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A see a		220.1 certify that (1) (this has	pital) attended the	deceosed from	6.	17	. 19.0	_, toO	,()	19 0 0	, that (I) (we) lost
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7 8 8 E		1 0	3	7000		7	PHYSICIAN Z	MEDICAL DIRECTOR P	STAFF HYSICIAN	6	17-80
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在 4 3 3	23a	SURIAL, CREMATION, REMOVA				METERY OR		23d LOCATIO	1	COUNTY	STATE
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- 16 60M 7/84		UNERAL DIRECTOR	HARAS -	AOORFSS		21229		REC'D. BY REGIS	- 40		ATURE
(VRA 15, 4)	H	ubbard funeral	Home, In	c. 4107	Wilker	ns Ave.	JUI	V 1 8 198	B Fulia	Davidon	Mark



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	od od	3 SE		1	RACE		5. [DATE OF			AGE (IN YEARS LAST BIR	THDAY)	F UNDER 1 YEAR	IF UNDER 24 HRS
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	1 1 21		IRTHPLACE (STATE OR FO	REIGN /	CITIZEN OF	WHAI COUN	VIKYY I	ARRIED	NEVER MARRIED	D D	BALTIMORE CITY O	K COOMIT	OFDEATH	
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3	主主教业人	14. F.	ATHER'S NAME						15 MOTHER'S MAIDE	EN NAME				
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2	1 1	14. 3	WAS DECEASED EVER II	ALLIS ARA	ED FORCES?	166 SOCIAL	SECLIPITY	NO	Anna 17 INFORMANT		ADDRE	SS	***	3011
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5	902			MMEDIATE	CAUSE (o)									
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ORD	The Trini	CERTIFICATION	110000000000000000000000000000000000000									T		
ECC	on bring	3	190 DATE OF OPERAT	ION	196 COND	ITION FOR V	VHICH OPE	ERATION	WAS PERFORMED		20a AUTOPSY?		WERE FIND	S OF DEATH?
- W	he hos	1 E									YES NOXX			NO 🗌
4	CIAN: The physicic partificate ol-transit and Hygin em 18 sho	1 %	21a. ACCIDENT WAS UNDE	RLYING	216. TIME C				21c HOW INJURY C	OCCURRE	(ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)	
<u>F</u>	og physici certificate ririol-transi ental Hygi		OR CONTRIBUTING C		n	.M. MONT	H DAY							
DIVISION OF VITAL RECORDS,	S 0 0 = 1	MEDICAL	(IF EITHER NOTIFY MEDIC.			OF INJURY		19	21f LOCATION					
OS OS	this this of M	Ne le			(AT HOME, ST	REET, FACTORY, O	OFFICE, FARM,	ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
2	off of the state o	-	AT WORK AT WOR	LE L										
٥	A A A A A A A A A A A A A A A A A A A		220.1 certify that (1)	this hospita	attended t	he deceased	from	me	- 22 19_	86	. 10 Quene	2.5-	0 86	that (1) (we) lost
	TEN OR OR OF H		sow the decease	d olive on _	The state of the s	2.5	19 86	one	d that in (my) (our) o	pinion de	oth occurred on the d	ote and hour	and from the	couses stated
	R ATTEN hospitol RECTOR red for in ppt. of H		obove, (I) (we) (di	d) (did not)	view the body	y ofter death		-	EGREE				22r DATE	SIGNED
	0 4 0 50 5		()						ATTEND	ING .	MEDICAL STA	FF		5/16
	Y th y th y th y th y th deto		100	nes	Colars	hay	MO		PHYSIC	IAN []	DIRECTOR PHYSIC	IAN 🗌		
	HOSPITAL ned by the FUNERAL Jid be det the State		22d. PHY AN'S NA	ME LIYPE OR	PRINT)				22e ADDRESS	1-	+			
	OH PER HO		DOH	NS.	. HAR	SHEY	m-D.		8 auch		t- Wester	-noter 1	ma,	51127
	TO HOSPITAL (retained by the TO FUNERAL E should be deto with the State E IMPORTANT: If	220	BURIAL, CREMATION, F	E LA OVA L	Tash DATE		123, NA 44	E OF CE	METERY OR CREMA	TORY	123d LOCATION	1		
		230.	(SPECIFY)	EMOVAL	200						CITY OR TOWN		COUNTY	STATE
	BP		BURIAL		6-28	-86	LAK	E VI	EW CEMETER	RY	SYKESVILI		ARROLL	MD
	DHMH - 16 60M 7/84		UNERAL DIRECTOR			400	ORESS		2:	So DATE	REC'D BY REGISTRAR	25 REGIST	AP SISIGNA	INSECTION .
	(VRA 15, 4)	I	HAIGHT FUNE	RAL HO	ME SY	KESVII		m 21	784	701	4 5 1 1900			3-
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0-10451	STATE OF MARYLAND 1 - STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH REG. NO.
boge 3	DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH NONTH DAY YEAR 25 HOUR (TYPE OR PRINT) GEORGE W. HOLLAND
sector, po	SEX A. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) FUNDER 1 YEAR MONTHS DAYS HOURS MIN. MALE White 12 14 10 75 YRS
in 72 hou	** BIRTHPLACE (STATEORFOREIGN TO CITIZEN OF WHAT COUNTRY? B MARRIED WIDOWED DIVORCED CAPTOLL MD.
is ofter dec	Westminster 11. Name of Hospital, Nursing Home or other Institution 120. Usual occupation 120. Kind of Business or 120.
AND 212 24 hour 24 hou	USUAL RESIDENCE (IF NURSING HOME OROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. CITY OR TOWN 136. CITY OR TOWN 137. CITY OR TOWN 138. CITY OR TOWN 138. CITY OR TOWN 139. STREET ADDRESS / ZIP CODE 725 Eagle Ct. Apt 2 D
MARYL MARYL	George David Holland Montrose Waldrip
IMORE,	was deceased ever in u.s. armed forces? I6b. social security no. 17 informant ADDRESS (YES. NO OR UNKNOWN) WW11 462-01-4556A Hope Holland 81 Liberty St 21157
DRDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 requires that the death certificate has executed within 24 hours en signed by the ottending physicial and completely filled in by it buriol, cremotion, or removed. Then please remove contampagers Page 11 and be fill or to buriol, cremotion, or removed. The please is a second of the fill o	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101
NG PHYSICIAN: The low require obtending physicion. The low peritire this certificate has been sign as the buriol-transit permit. Then the and Mental Hypiene prior to be orked or lien 18 shaws any injury orked or lien 18 shaws any injury.	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT YES NOT YES NOT AUTOPSY? 100. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT YES.
a o e o e	OR CONTRIBUTE AND THE MEDICAL EXAMINER! 19 21d. INJURY OCCURRED WHILE AND
HOSPITAL OR ATT inned by the hospital fundate DRECT old the detoched for this State Dept. of CORTANT: If hem 2	sow the deceased alive or deceased alive or deceased and solve of the date and hour and from the couses stated above, (1) we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIR
PP	236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE CREMATION Hampstead Carroll Md
DHMH - 16 50M 4/83 (VRA 15, 4)	PRITTS FUNERAL, HOME 412 Washington Rd JUN 23 1986. Alic Director PRITTS FUNERAL, HOME 412 Washington Rd JUN 23 1986.



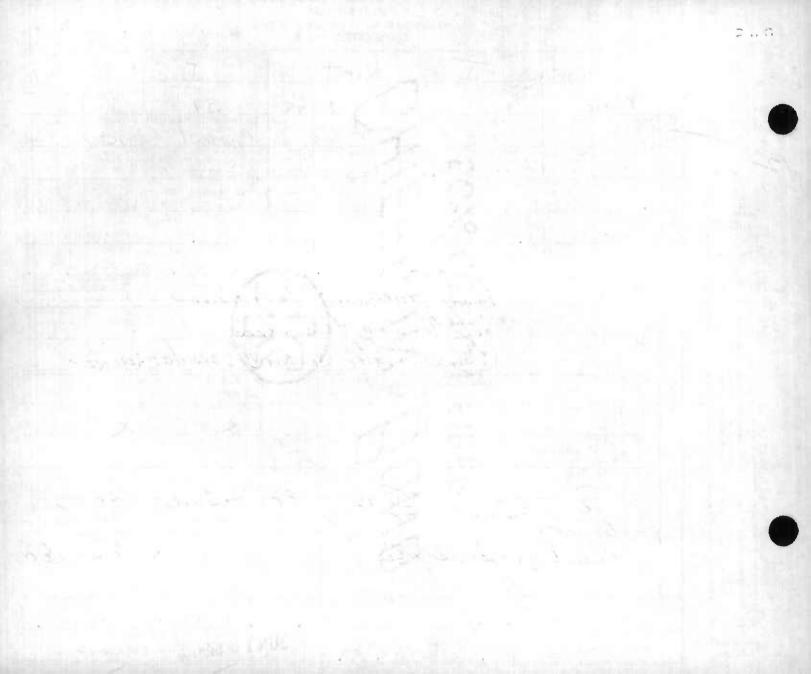
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH YEAR 2b. HOUR 1. DECEASED NAME TYPE OR PRINTI ALTER IF UNDER 1 YEAR 6 AGE IN YEARS LAST BIRTHDAY 4 RACE 5 DATE OF BIRTH 3 SEX DAYS HOUR5 MONTH DAY YEAR TE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE STATE OR FOREIGN MARRIEN NEVER MARRIED Carroll U.S.A. Maryland WIDOWED DIVORCED [12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Westminster Security Guard ttlestown Retired SUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13a. STATE 13c. CITY OR TOWN Maryland Carroll Westminster same as item NOXIX 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE Hook Lussie Rae Helm George ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT W. PRESTON ST., BALTIMORE, IYES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATES) 214-14-4920 Dorothy Viola Hook item no same as APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY CONGESTIVE HEART FAILURE IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 0 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOP YES | 5 2) (. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINERS P.M MEDIC Mer 211. LOCATION 21d INJURY OCCURRED 210 PLACE OF INJURY à CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC I NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive on 3 - 25 above, (I) (we) (did) (did not) view the bady after death and that in (my) (our) apinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED 226. SIGNATURE ATTENDING MEDICAL O FUNERAL D hould be detacted with the Stote D PHYSICIAN DIRECTOR PHYSICIAN 226, PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS IMPORT, 23d LOCATION 230 BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN Burial Union Mills Carroll Mills Cem. BP FUNERAL DIRECTOR DHMH - 16 50M 7/77 Fletcher & Son F.H Thomas (VR A 15 (4))

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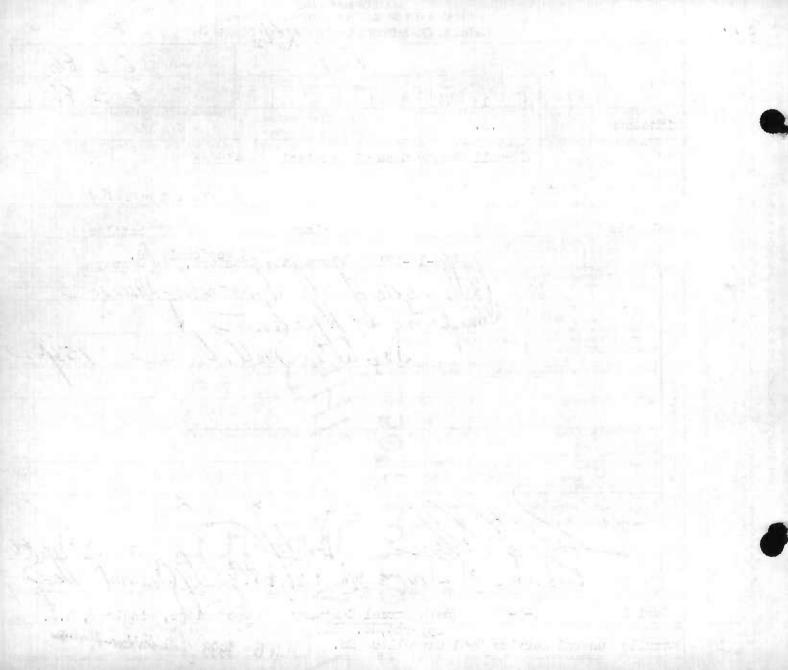
(VRA 15, 4)

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		Marti	n J.	Tar	5	JUN		0847M
	3 SE	X	4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDA		IF UNDER 24 HRS
		Male	Caucasia	N 8	17 48	37	YRS. MONTHS DAYS	HOURS MIN.
0		IRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNT	RY? 8	EVER MARRIED -	9 BALTIMORE CITY OR C	OUNTY OF DEATH	
35			USA	WIDOWED	DIVORCED T	Carroll	County	/ 400
9/	10 C	laryland	11. NAME OF HOSPITAL, NU			120 USUAL OCCUPATION	125 KINDEO	F BUSINESS OR
EA			(IF NOT IN SUCH FACILITY, GIVE S			(TYPE OF WORK FOR MOST OF WE		ASSESSED TO THE STATE OF THE ST
20		estminster AL RESIDENCE (IF NURSING HOME O	Carroll Co.		<u>lospital</u>	Policeman		
2		STATE 136 COU	NTY 136 CITY OR 1		SIDE CITY LIMITS?	13e STREET ADDRESS / ZI	P CODE	
D		ld. Carr	oll Hampst	ead YES [NO K	4537 Gros	s Mill Ro	ad 21074
1-	14. F.	ATHER'S NAME			THER'S MAIDEN NAM	\E	4 1 3 1 7 3	
Y	1	FIRST	MIDDLE		FIRST	WIDDIE	LAS	
-	160.3	Martin WAS DECEASED EVER IN U.S. AF	Kars		<u>Catheri</u>	ne L.	Mill	er
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to		underlying couse lost	CHIEFOS	elerone	Covour	y VELLERIE	DENFLORSE	
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all a	CERTIFICATION							
ET	1 =	190 DATE OF OPERATION	196. CONDITION FOR WE	ICH OPERATION WAS A	PERFORMED	20a AUTOPSY? 20	b. IF YES, WERE FINDIN	NGS USED
	ΙĔ					YES NOT	CERTIFYING CAUSES	OF DEATH?
-	1 2	210. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY	21, HC	JW INTELLED OCCUPA	ED (ENTER NATURE OF INJURY IN	YES	NO []
1		OR CONTRIBUTING CAUSE OF DE		DAY YEAR	J. HAJORT OCCURRE	LENIER NATURE OF INJURY IN	HEM IS PANT T OR PART 2)	
/	3	(IF EITHER NOTIFY MEDICAL EXAMINE		19				
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211. LO	CATION	CITY OR TOWN	COUNTY	STATE
	2	WHILE NOT THE	TAT HOME STREET, PACTORY, OFF	K.E. PARM, ETC	01			3.77.
		22s I deily that I day have	tali mendas the decayed tre	Balene	1000	10 B Heal	10 66	that We lost
		saw the decemed alive or			(malique) opinion d	eoth occurred on the dote		
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2		22h SIGNAJORE	1/12/	DEGREE			22c. DALE	STGNED
		Julian	110 Janes	MA	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	F8 X	erue 86
1	1	274 PHYSICIAN'S NAME (1986)	obest	22e AC	DDRESS			700
DRIANT		STARGET S	//					
3+	220	BURIAL, CREMATION, REMOVAL	TIL GATE T	13c NAME OF CEMETER	V OR CREATORY	23d LOCATION		
40		(SPECIFY)	6-11-86			CITY OR TOWN	COUNTY	STATE
	7.4 E	Burial UNERAL DIRECTOR	0-11-00	Evergreen				
7/B4	1	NAME	ADDRE		311	N 1 6 1096	" K "	Ande Me
		Line Funera	1 Home, Hamp	stead Md		1300 7	A PARTICIPATION OF THE PARTICI	and the state of t



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME FIRST 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-Pan 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR 2c. DATE LAST BIRTHDAY) YEAR PRONOUNCED a DEAD YRS To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Minnesota U.S.A WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS TOR INDUSTRY Repairman Carroll' County General Hospital KSTmms SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Union 130. STATE 134. INSIDE CITY CIMITS? 13c CITY OR TOWN 13e. STREET ADDRESS Woodshop rdn tore VES ... NO. M. FATHER'S NAME IS MOTHER'S MAIDEN NAME MEDIC CAST **AMDDLE** LASE Sol Katz Flora Sattler IM WAS DECEASED EVER IN U.S. ARMED FORCES? T. INFORMANT 166 SOCIAL SECURITY NO. LARE NO. OR THEHOMA! I UP YES, GIVE WAR OF DATES 469-16-1715 18 CAUSE OF DEATH (Enter only one couse pe APPECISIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS CONSEQUE lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 | 11 19E DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES O NO O THE EXTERNAL CAUSE WAS 219. TIME OF INJURY TIL HOW INJURY OCCURRED JENTER NATURE OF PRIORS IN TEM 18 FART 1 OR FART 2) HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. THE PLACE OF INJURY LATHOME TH LOCATION STREET, FACTORY, PARM, ESC.) STREET WHILE AT WORK AT WORK CITY OF TOWN COUNTY STATE 22s. I certify that I took sharpe a and in my opinion death resulted from Undetermined manner ACTUAL DATE EXAMINER'S NAME TYPE OR PRINT! 230. BURIAL, CREMATION, REMOVAL | 236. DATE 23c. NAME OF CEMETERY OR CREMATOR Burial 6-5-86 Beth Israel Cemetery Woodbridge, Middlsex, N.J. Upperco, Md. 2115 3250. DATE REC'D. BY REGISTRAR 24. FUNERAL DIRECTOR DHAME-TP Marzullo Funeral Service 3981 Carrollton Rd. (VR A15 ME (5)) 15M7/77



STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

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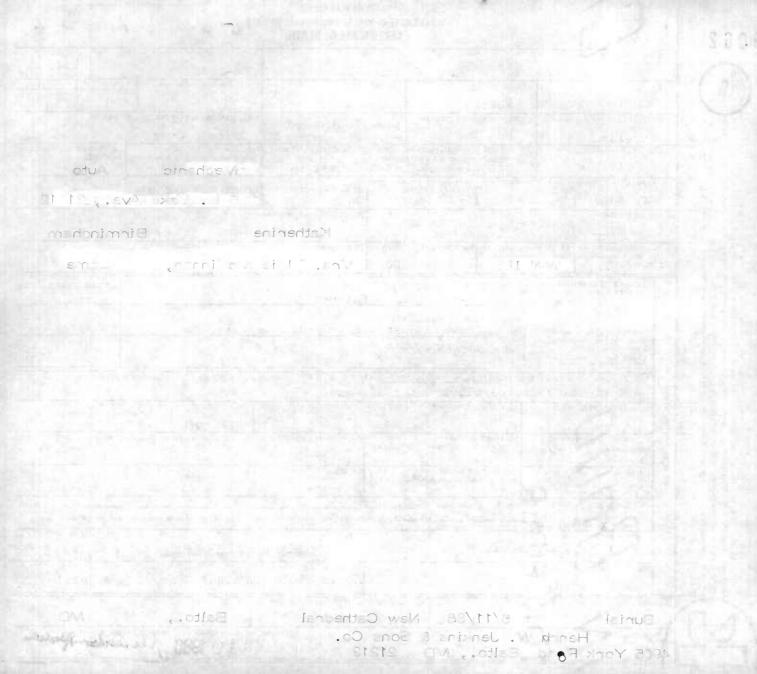
STATE OF MARYLAND

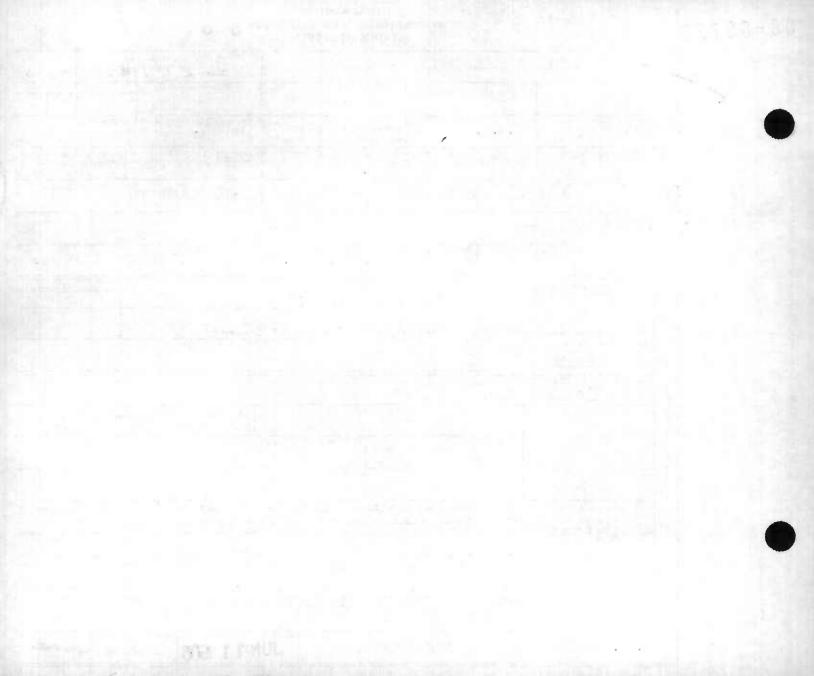
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE	13
CERTIFICATE OF DEATH	Q

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M		REG. NO.				188	- 77

1		REGISTRAR			CLICITI	CATE OF BEAT		REG. NO			32	7	
		CEASED NAME FIRST		MIDDLE	LA	51		20. DATE OF DEATH M	нтиол	DAY YEAR	26. HOU	R	
1	{ I TPE	OR PRINT) Hub	ert	L.	Kenny	7		06-08-86			7:45	A.M	
1	1 5EX		4. RACE		5. DATE O		EAR	AGE (IN YEARS LAST BIRTH	IDAY)	MONTHS DAYS	IF UNDER	24 HRS	
_	,	Male	White	e		-04-07	EAR	79	YRS.			75114.	
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2		Marvland	USA		WIDOWE			Carroll County					
d	0 01	TY OR TOWN OF DEATH		HOSPITAL, NUE		R OTHER INSTITUT	ION	120 USUAL OCCUPATIO	F BUSINE	SSOR			
9	,5	Sykesville	Spring	field H	ospital	Center	65.6	Mechani		FE) INDUSTRY	0		
5	13a S Ma	aryland	OTHER INSTITUTION	GIVE RESIDENCE BE 130. CITY OR T Balti	OWN	13d. INSIDE CITY LI YES 🕍 NO		36 STREET ADDRESS / 1825 E. La	ZIP COD	Ave., 2	2121	2	
2	14 FA	THER'S NAME Michael	MIDDLE	LAST		15. MOTHER'S MAI		WIDDLE		1AS	ST.		
-	14- 14	/AS DECEASED EVER IN U.S. AR	MED EODCESS	Kenny	ECHIDITY NO	17. INFORMANT	erine	ADDRES		irming	nam		
2	VIV	ES, NO OR UNKNOWN) I IF YES GR	VE WAR OR DATES)	213-09		•	Iloio			Con			
	10					IVIPS. E	1218	McKinnon	2	San	IMATE INTEL	PVAL	
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-	TIFIC							YES NO		FYING CAUSES ES 🗍	NO [
5	CER	210. ACCIDENT WAS UNDERLYING	1100110 4	F INJURY M. MONTH	DAY VEAD	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18	PART I OR PART 2}			
	AL	OR CONTRIBUTING CAUSE OF DE	NIH.	M. MONTH	19	337							
9	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	ICE EADM ETC.)	21f LOCATION		CITY OR TOW	N	COUNTY		STATE	
ì	\$	WHILE NOT WHILE	(AT HOME, SII	REET, FACTORY, OFF	ICE, PARM ETC)	3							
	100	22a I certify that (I) (this hospi	ital) ottended th	e deceased fro	Januar	y 13 , 19	84	_, toJune_8			thot (I) (
	3	sow the deceosed alive on abave, (we) (did) (did no	June t) view the body	after death.	9 <u>86</u> , on	d that in (my) (our)	opinion de	eoth occurred on the dot	e ond ho	ur and from the	couses st	oted	
		276 SIGNATURE				DEGREE				22c DATE	SIGNED	12.33	
1	0.5	- Suka Gym	1110			PHYS	ICIAN []	MEDICAL STAFF	AN X	06/	09/8	6	
		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT }			22e. ADDRESS	-7-3 17		13/3	0.1		19	
		Suha Ozgun,	M.D.			Springii	ета н	ospital Cen	ter,	Sykesv	1116	1784	
		URIAL, CREMATION, REMOVAL				METERY OR CREM	ATORY	23d. LOCATION		COUNTY		STATE	
H		Burial	6/11			athedral		Balto.,			MD		
	24 FL	INERAL DIRECTOR Henry	W. Je	nkins &	Sons	Co.	25a. DATE	REC'D. BY REGISTRAR 2		TRAP'S SIGNAT	Mond	486	
		05 York Read	Balto	., MD	212	12	46	14 TO 1990	d				

DHMH - 16 50M 4/83 (VRA 15, 4)





	STATE OF MARYLAND
-08106	1 - STATE CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH OSCINIO 17 2 5 4
00,00	REG. NO. 1 DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR
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to de la	Blade V ACA PER 1776 705 M
7 00 0	F White 2 8 05 81 WONTHS DAYS HOURS MIN.
1 1 25	TO BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED NEVER MARRIED NOT COUNTY OF CO
	12. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
1 11/4	ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
	136. STATE 136 COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS! ZIP CODE 21102 Currol Manchester YES NO 2 2 2 5 1 1 1 1 7 0 P
1 11/1/	Allan Griffith Jones 15. MOTHER'S MAIDEN NAME FIRST Belle M. BARKS
and co	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT & HERVING CORRESPONDED 11/62
3 6	No REPROXIMATE NINE (A) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) APPROXIMATE NINE PEATH BETWEEN ONSET AND DEATH
(AB)	18 CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Consider I Vanculus Accident 3 meet
1 (17)	DUE TO, OR AS A CONSEQUENCE OF A
1 1 1 2 3	Conditions, if any, which (16) Teneralized arlemosclering 5 yrs.
of the state of th	gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF
equires to Then ples nivry, or	PART 2 OTHER SIGNIEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
1 11117	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
F 0 10 5	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
24 Tab 1	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
A Part of	21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE
The state of the s	2/5 // //
M 1 4 3 5 5	220 Lectrify that (1) this haspital) attended the deceased from
PA CI PER	above (1) (Ive) (did V(did not) view the body offer death. 22b. SIGNATORE 22c. DATE SIGNED,
AL DE	WHT ourd MD ATTENDING MEDICAL STAFF 6/1/86
HOSPI Fundi All the Spirit by	122d PHYSICIAN'S NAME (TYPE OR PRINT) 172d ADDRESS 3223 Mais 5 BOXE 1/2 ADDRESS 3223 Mais 5 BOXE
54 5413	236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION
BP	(SPECHY) Burial 6-4-86 Moreland Balto., Md.
A CONTRACTOR OF THE PARTY OF TH	24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'25b. REGISTRAR'S SIGNATURE
DHMH - 16 50M 4/83 (VRA 15, 4)	Leonard J. Ruck. Inc. 5305 Harford Rd

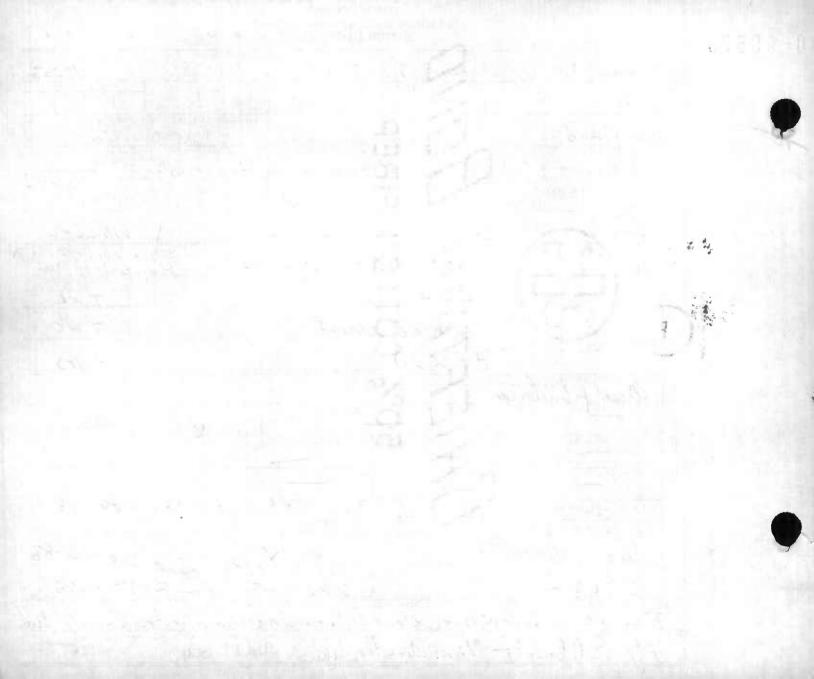
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ge 4		Female.	White	10 29 20	65	YRS
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0 03 %	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION ET ADDRESS)	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR INDUSTRY
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4 hour	USU.	AL RESIDENCE LIF NURSING HOME OF		DRE ADMISSION)	13e STREET ADDRESS / ZIE	P CODE
r mulc		4900	arroll Westm	insteryES NO IX	1609 Ridge	Rd 21157
withing 4.2 sl	14 FA	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WE	LAST
ple nd		John	W. Owi	ngs Elsie		Harman
× 65 A		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRESS	
e (A)		no	213-16	-1243 Arthur Le	evin 1	3e
8		18 CAUSE OF DEATH LEnter or	nly one couse per line for (o), (b), o	and ic	1117/ 001100	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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the the her t		couse (a), stating the	DUE TO, OR AS A CONSEO	UENCE OF		
d by lease rol, cr		underlying cause lost	(c)			
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& eFt.s	CERTIFICATION		Turi samalyian saaniii		Tan auxonsy's Inc	IF VEC. MERE ENGINEER
hos been permit.	SE SE	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
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After the street of the street		AT WORK AT WORK		611.86	6.7	84
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R ATT hospi ned for ipt. of em 2		obove, (the (we) (did) (did no	t view the body ofter death.	DEGREE	death accounted on the date of	22c. DATE SIGNED
A DOOR		MARIN	10 (me	ATTENDING \	MEDICAL STAFF	1 2M
SPITAL L by t NERAL be det Lant:		22d PHYSICIAN'S NAME HYPEC	OR PRINTI O O	PHYSICIAN D	DIRECTOR PHYSICIAN	1116-00
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MAP Short	730 0	BURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF CEMETERY OR CREMATORY	1234 LOCATION	111
BP		SPECIFY)	CONTRACTOR NOT THE REAL PROPERTY.		CITY OR TOWN	COUNTY STATE
Dr	24 FI	burial JNERAL DIRECTOR	16/5/86 412 Wash	Evergreen Memori	E REC'D. BY REGISTRAR 25b.	
DHMH - 16 60M 7/B4 (VRA 15, 4)	PR	ITTS FUNERAL		NSTER, Md JUN U	9 1900 L.C. K.	idea Roberts :
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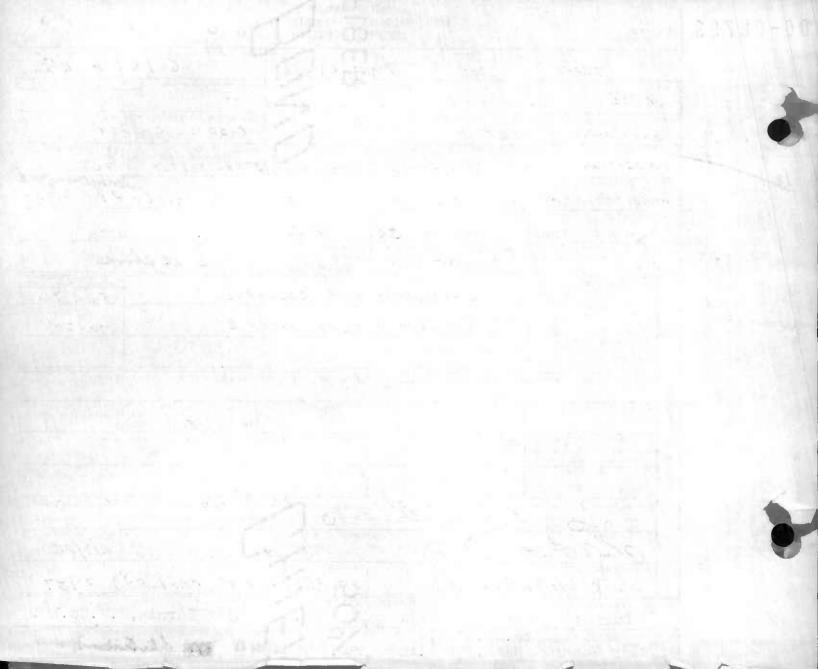
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00-08793	FOR STATE REGISTRAR	DEPARTMENT OF	FEOF MARYLAND HEALTH AND MENTAL HYGI FICATE OF DEATH	ENE 8 0 1 /	258
	DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
1 15	FRANK	JOHN M	SCARI, JR.	6/6	186 11 15 MM
	SEX 4 R		OF BIRTH DAY YEAR 2 42		UNDER TYEAR IF UNDER 24 HRS
135	BIRTHPLACE (STATE OR FOREIGN 7b. COUNTRY) MARYLAND	CITIZEN OF WHAT COUNTRY? 8 MARRI WIDOW	ED NEVER MARRIED DIVORCED	PARROLL COUNTY	MD.
	TANEYTOWN		or other institution Taney townMd/	STORE KEEPER	126 KIND OF BUSINESS OR INDUSTRY
AND 21.2	MARYLAN) 136 COUNTY CARR		YES NO	4024 HARNEY	Rd 21787
MARY 1000	FRANK JOHN	MASCARI, JR	15. MOTHER'S MAIDEN NAM	M. S	uits
be exected on ond control on ond control on ond control ond control on ond contro	60 WAS DECEASED EVER IN U.S. ARMEI	D FORCES? 166 SOCIAL SECURITY NO. 2 17-40-3434	WIFE Patricia	SAME as abo	
ST_BAL a physics co-paper emosal, th	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B		ULAR COLL.	APSE	Someter.
death ce death ce death ce fron, or a	Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	RTERY DIS	FASE	MONTHS
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RDS, 20 equires the ugned then plant injury, o		nditions <u>contributing to death</u> bu	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	IN PART Tra
N RECO	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	198 CONDITION FOR WHICH OPERATE	ON WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH?
OF VIII.	OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	LOR PART 2]
VISION G PHYS alterday are the or	ON CONTINUE TO THE TOTAL PARTY MEDICAL EXAMINER) 21d. INJURY OCCURRED AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TOR A PORT OF THE PROPERTY OF	220.1 certify that () (this haspital) sow the deceased alive an above, () (we) (did (did nat) v	attended the deceosed from 5/19		to 66 , 19 deoth occurred on the date and havr a	BC, that () (we) last and from the couses stated
At Dir At Differ Service At Differ Service Dept.	17 SIGNATURE 2 Line	white study offer death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/7/86
HOSPIT.	22d PHYSICIAN'S NAME (TYPE OR PR	HICUM, M.D.	TANEYT	DW P, MARYLAN	21787
2 € 2 5 1 ≦	BURIAL, CREMATION, REMOVAL SPECIFY BUrial	236. DATE 73c. NAME OF	cemetery or crematory aven Mem. Par	k Giron Burnie,	RUNIYA . Co . Mart.
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FUNERAL DIRECTOR Rall	to.Md.21230 Home, 130 E. Fort	25a. DATI	N 9 TOB Julie D	R'S SIGNATURE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 830 2a. DATE OF DEATH I DECEASED NAME (TYPE OR PRINT) Medinger 86 Irwin June 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH YE AR aucasian Ta. BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED CARROLL COUNTY MARYLAND DIVORCED WIDOWED ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) YKESYILLE FAIRHAVEN Borth. Ci VOCATIONAL USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) COUNTY 13a STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRES MARYLAND BALTIMORE YES X NO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME SHAKELFORD LARENCE MEDINGER 5 RUTH ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) My asley Ru 212-38-0416 FAIR HAVEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A SONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 19a. DATE OF OPERATION M. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO I 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINER) P.M 19 0 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from . 19_862, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on above, (1) (we) (did) (did not) view the body ofter death. 226. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF ulles PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS the IMPORT/ 7200 UKN63 £ 230 BURIAL, CREMATION, REMOVAL 23cg NAME OF CEMPTERY OR CREMATORY 23b. DATE 23d. LOCATION BP. DHMH-16 30M 2/80 (VRA 15, 4) Greha Davidson- Gandale

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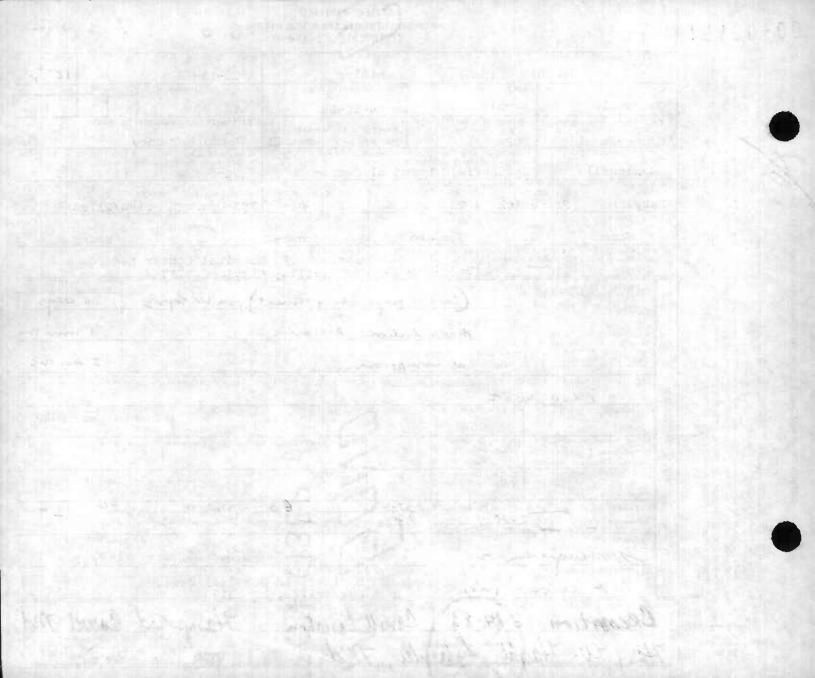
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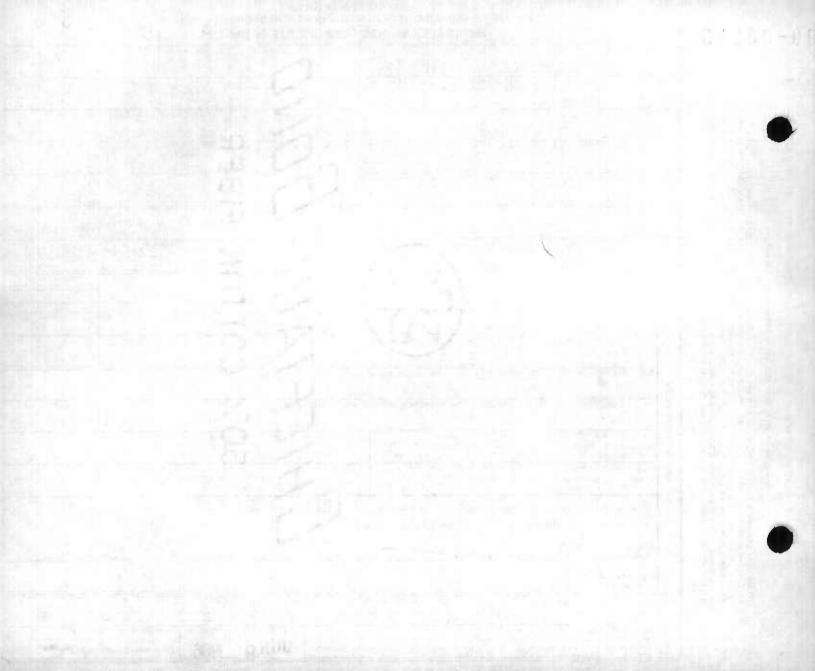
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	L	STATE OF MARYLAND										
08554	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH									726		
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Her b	3. SE		4 RACE		5 DATE (6. AC	E (IN YEARS LAST BIRTHE	DAY) IF	UNDER I YEAR	IF UNDER 24 HRS	
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A II A		Pennsylvania	Ţ	U.S.A. WIDOWED DIVORCED					14			
11 27		ITY OR TOWN OF DEATH	11. NAME	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			ITION 120. U	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE), INDUSTRY RETURNO				
100	1	NESTWINSTE	R CA	CARROLL COUNTY GENERAL PET					The state	INDUSTRY		
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20 1/1	14. E	ATHER'S NAME				15 MOTHER'S MA	AIDEN NAME		-13 /			
11000	1	Harry	M.		ller	Eliza		WIDDLE		Grumbi		
8 8 7		VAS DECEASED EVER IN	U.S. ARMED FORCE	S? 166 SOCIA	L SECURITY NO.	17 INFORMANT	becii	ADDRESS	5	JE UIIID I	ne	
cquires that the death certificate because in signed by the attending physician attending physician attending physician attending the please remove carbon paper in the principle certification or removal.	(YES, NO OR UNKNOWN) (1	FYES GIVE WAR OR DATES	214	-28-2363	Sharon	B. Mille	w Mt 7 i	wir M	- will - w	2 2177	
		18 CAUSE OF DEATH (B	-1			Diacon	D. MILLE	er Mt. Ai	Ly, M		MATE INTERVAL	
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
	CERTIFICATION	19a DATE OF OPERATION	N 196 CO	NDITION FOR	WHICH OPERATIO	N WAS PERFORME		AUTOPSY?	Ob. IF YES, V N CERTIFYIN YES [VERE FINDING CAUSES	OF DEATH?	
A T to I L	Ü	21a. ACCIDENT WAS UNDERLY		E OF INJURY	H DAY YEAR	21c HOW INJUR	Y OCCURRED (NTER NATURE OF INJURY I	NITEM 18 PART	I OR PART 2)		
DP 3014/	CAL	OR CONTRIBUTING CAUS	L OF DEATH	P.M.	19	12 48						
OF ATTENDING PRYS. Noticidal or other this of the fire via an the box deep to the other this or the box deep to the other this and the box deep to the other and the fire of the other and the fire of the other this and the	MEDICAL	21d INJURY OCCURRED	LATHOME	CE OF INJURY	OFFICE FARM ETC.)	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE	
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		sow the deceased of obove, (1) (we) (did)	(did of) view the bo	ody after death.	19-86 01	nd that in (my) (get	opinion death	occurred on the date	and hour o	nd from the	couses stoted	
		DEGREE 222 DATE SIGNED										
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FUNE FUNE FUNE FUNE FUNE FUNE FUNE FUNE		27d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS										
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() 电电话图1	23a 8	SURIAL, CREMATION, REA	AOVAL 236 DATE		230 NAME OF C	EMETERY OR CREA	MATORY 236	LOCATION				
BP		BURIAL	6-6-	-86	Krider'	s Cemete	rv W	estminste		rol1	MD	
HMH - 16 60M 7/84	24 FU	INERAL DIRECTOR		40	DRESS			D. BY REGISTRAR 25h	REGISTRA	S'S SIGNATI	IRE	
(VRA 15, 4)	I	HAIGHT FUNER	AL HOME			21704	JUN	5 1986	June	unidan-	-of English	





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE KNOWN X 26 HOUR MONTH (TYPE OR PRINT) OF ESTI-19 86 DEATH MATED 6 **GEORGE** ALBERT MINNICK 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY 9:35 A M PRONOUNCED 19 86 6 DEAD 3 - 20 - 12MALE WHITE 74 YRS TABIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. MARYLAND WIDOWED DIVORCED X Carroll County O CITY OR TOWN OF DEATH I. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Sykesville Springfield State Hosp. Driver Trucking SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS SYKESVILLE MARYLAND CARROLL SPRINGFIELD STATE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST FIRST PEARL MINNICK BOYER HARRY 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS DIVISION Pembroke Pines 3 Florida 33084 (YES, NO, OR UNKNOWN) Donald Minnick Box 8973 212 14 6841 UNKNOWN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH EF MEDICAL EXAMINER ALONG WED AS A BURIAL-TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, DAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Arteriosclerotic cardiovascular disease with small bowel infarction Conditions, if ony, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? WRITING THE WORD "F ARDED TO THE CHIEF IGE 3 SHOULD BE USED ATE DEPARTMENT OF H Abdomen Onl 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME, 214 INJURY OCCURRED 211 LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFIEG DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Homicide death resulted from Notural causes Undetermined manner TITLE (SPECIFY) ACTUAL SIGNED 6-4-86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S MAME Ann M. Dixon, M.D. 111 Penn St. Balto., MD 21201 TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION CARROLL CREMATION HAMPSTEAD CARROLL CREMATION 6-6-86 MD SERV. 07/84 25M 24 FUNERAL DIRECTOR 750. DATE REC'D. BY REGISTRAR TEST REGISTRAR'S SIGNATURE DHMH - 17 freme Davidson-yarpayer HAIGHT FUNERAL HOME (VR A15 ME (5)) SYKESVILLE, MD 21784



3 7		FOR	DEDAG	STATE OF MARYLAND	1 7 9 8 6
0.1	1.	- STATE REGISTRAR	DEPAR	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.
		CEASED NAME FIRST	WIGGE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
		Mul	stle Haine	es muers	6984 1150
	3 SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOLAY) IF UNDER LYEAR IF UNDER 24 H
	F	emale	White	April 8,1893	93 YRS. 2 1
5 /		HITHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
		aryland	U.S.A.	WIDOWED DIVORCED	Carroll Co.,
10		Mt. Airy	11. NAME OF HOSPITAL, NUR.	SING HOME OR OTHER INSTITUTION LEST ADDRESS! LEW Nursing Home	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife
25		AL RESIDENCE (IF NURSING HOME STATE 130 00	PROTIER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)	13715 New Windsor Rd. 21
		ryland Fre	derick Union	IS. MOTHER'S MAIDEN N	
6	0	Harvey	Haines	CIRCY	
4		WAS DECEASED EVER IN U.S. A		CURITY NO. 17 INFORMANT	ADDRESS
F.		No	214-74	+-3134 Catherin	e M. Condon, Same As #13
		PART I. DEATH WAS CAUS IMMEDIA	DUE TO, OR AS A CONSEC	RDIONERPINATORY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
		Californians, it any, which	(h)	CE CO ICO O A 3 COLONIC	BLC C DENT
		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEG	tuonenti Gida	man fliren
	NO	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEG	QUENCE OF Gudo	MINAL DISEASE OR CONDITION GIVEN IN PART 110
2	TIFICATION	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECTION OF A CONDITIONS CONTRIBUTING TO	QUENCE OF Gudo	MINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
29	AL CERTIFICAT	gave rise ta immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICH THE CONDITION FOR WHICH THE CONTRIBUTION FOR	O DEATH BUT NOT RELATED TO THE TER CH OPERATION WAS PERFORMED DAY YEAR 216 HOW INJURY OCCU	MINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
29	CAT	gave rise ta immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICH THE CONDITION FOR WHICH THE CONTRIBUTION FOR	O DEATH BUT NOT RELATED TO THE TER CH OPERATION WAS PERFORMED DAY YEAR 19 216 HOW INJURY OCCU	MINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? YES NO CERTIFYING CAUSES OF DEATH? YES NO NO NO
29	AL CERTIFICAT	gave rise ta immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHY MEDICAL EXAMINE AT WORK 21d INJURY OCCURRED 22a. I certify that (I) (this hasp saw the decebed give as	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WARD OF THE CONDITION OF THE	DUENCE OF O DEATH BUT NOT RELATED TO THE TER CH OPERATION WAS PERFORMED DAY YEAR 19 216 HOW INJURY OCCU STREET 19 217 19 218 19 219 219 219 219 219	200 AUTOPSY? YES NO NO NO NOTE TO NO NO NOTE TO
29	AL CERTIFICAT	gave rise ta immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELIF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED 11 A CONTRIBUTION OF THE ALL OF THE CAUSE OF DELIF EITHER NOTIFY MEDICAL EXAMINE 210.1 certify that (1) (this hosp saw the decepsed alive an above, (1) (we) (did) (did in GNATURE)	DUE TO, OR AS A CONSECTION OF A CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHITE CONTRIBUTION FOR WHITE CONTRIBUTION FOR WHITE CONTRIBUTION OF A CONTRIBUT	DUENCE OF O DEATH BUT NOT RELATED TO THE TER CH OPERATION WAS PERFORMED DAY YEAR 19 21f. HOW INJURY OCCU STREET DEGREE ATTENDING PHYSICIAN	MINAL DISEASE OR CONDITION GIVEN IN PART TO 200 AUTOPSY? YES NO D 10 YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO D 10
29	AL CERTIFICAT	gave rise ta immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELIF ETHER, NOTIFY MEDICAL EXAMINE AT WORK 210. I certify that (I) (this hosp saw the deceased alive an above, (I) (we) (did) (did in did in the cause of t	DUE TO, OR AS A CONSECTION OF A CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHITE CONTRIBUTION FOR WHITE CONTRIBUTION FOR WHITE CONTRIBUTION OF A CONTRIBUT	DUENCE OF O DEATH BUT NOT RELATED TO THE TER CH OPERATION WAS PERFORMED DAY YEAR 19 21c HOW INJURY OCCU STREET DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? YES NO PORT OF PART 1 OR PART 1 OR PART 2) CITY OR TOWN COUNTY STATE 19 that (1) (we) on death accurred an the date and hour and fram the causes stated

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TONF REISTERSTOWN.

MD.

STATE OF MARYLAND

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

CREMATION 24 FUNERAL DIRECTOR

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YASSMIJ WERGHA

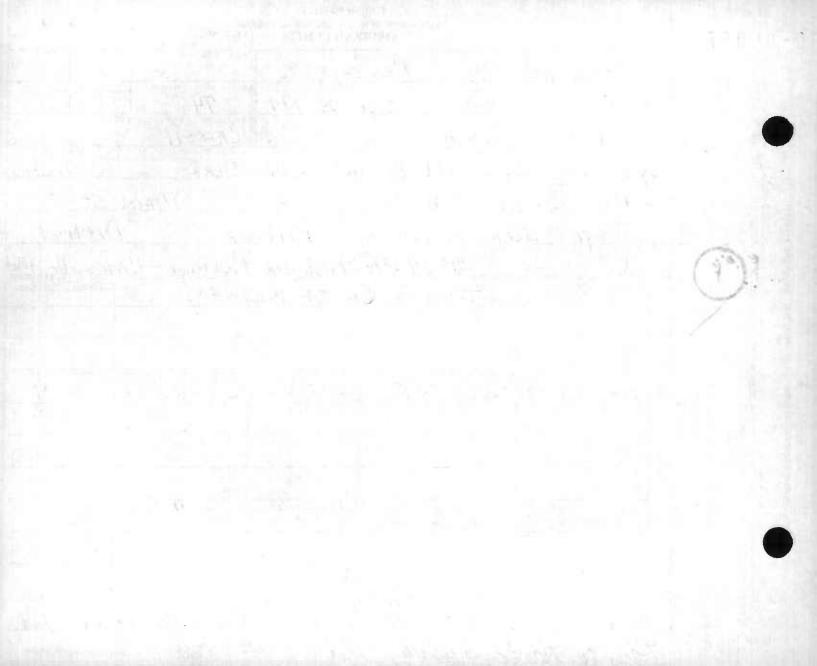
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MA. CARL V. VELSON DOYLESTOWN PA.

STREMATION SUNE 1. STABILL SREMATION HAMPETEAD, FO.

E VER CENERALDING, TO.

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10-09957	' -	REGISTRAR		CERTIFICATI	E OF DEATH	REG. NO.		
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6 00	3.5EX	~ .	1 RACE	5. DATE OF BIRTH	н	6 AGE (IN YEARS LAST BIRTHDA	AY) IF UNDER 1 YEAR	IF UNDER 24 HRS
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A II MA		THPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	VTRY? 8		9. BALTIMORE CITY OR		
1 TR 10	CC	(UNTRY) md	1). S. A.	WIDOWED	DIVORCED 🖸	CARROLL		MD
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		-	12a USUAL OCCUPATION		BUSINESS OR
5/1/1/	5	vkesville	Sor natie	Hos ortal	Conter	CIER C	ORKING LIFE) INDUSTRY	Linchrise
	ISU A	CRESIDENCE (IF NURSING HOME OR TATE 1354 COUN	OTHER INSTITUTION GIVE RESIDENCE		IS IDE CITY I IMITES		7	2
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1 11060		Joseph =	Toby New	berock	BARDE	A P	Ditti	rich
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¥ 10 01 1		8 CAUSE OF DEATH (Enter on	ly one cause per line far (a), /	by, and is 1.1			APPROXIM BETWEEN O	AATE IMTERVAL NSET AND DEATH
~ ~		PART I. DEATH WAS CAUSE	E CAUSE (a) TERM	INALCA	OFKI	GNE 9		
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the the state of t	100	underlying cause last	(c)					
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1 1111	CA	190 DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATION WAS	PERFORMED	20a AUTOPSY? 2	10b. IF YES, WERE FINDING N CERTIFYING CAUSES O	GS USED OF DEATH?
VITALI NI The hysician hysician Hygens 18 short	RT.					YES NO	YES	NO 🗆
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0 0 0 8 8 9 4 /	ICA.	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
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My Street of the		AI WORK	1	1,1,	<i>t</i> a <i>t c</i>	6	1. 5/	
O O S O E		22a. I certify that (I) (this hospit saw the deceased alive an	tal) ottended the dispared t		. 17	, to	1 00	hat (1) (we) last
A LOS OF THE PARTY		above, (1) (we) (did) (did na	yew the bady after death.			leoth occurred on the dote		
8 4 E 2 2 3		22b. SIGNATURE	MHI	DEGRE		MEDICAL STAFF	22c. DATES	3 X
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0.0	730 B	URIAL, CREMATION, REMOVAL BEOFY)	23b. DATE	231. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION CITY OR TOWN	PEOUNTY	STATE
BP	21 5	NERAL DIRECTOR	10-00-06	springfull	250. DATE	REC'D. BY REGISTRAR 256	REGISTRAPIS SIGNATURA	Tha.
DHMH - 16 50M 1/76 (VR A 15 (4))	>	1 to 4/2	JI de L'ADDRE	35/1 AM	2	111 1 2 2000	Tuna Waydan	61
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	6.0	9	

}	-	REGISTRAR				CERTIFICATE OF DEATH REG. NO.						
	1. DEC	CEASED NAME	FIRST		AIDDLE	0	AST AST	20. DATE OF DEATH		AY YEAR	26 HOUR	
		F. MUR	IEL	LEE		PIL	LING	JUNE	201	986	14 A	
	3. SE>		4 RA	CE		5 DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	HOURS MIN.	
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1	10. CT	TY OR TOWN OF DEAT			OSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATI			OF BUSINESS OF	
J		estminster					1 Hospital	Mathematic	cian			
		AL RESIDENCE (IF NURSINGTATE	NG HOME OR OTHER		13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE			
9	Name and Address of the Owner, where	aryland	Carrol	1	Sykesvi	11e	YES NO X	7200 Third	l Aveni	ue	21784	
1	III FA	THER'S NAME	MIDDLE	E	LAST		15 MOTHER'S MAIDEN NA	WE		LA	AST	
-		Edward	Emor		Lee		Florence	Matilda Matilda		Arn	o1d	
1		VAS DECEASED EVER II	U.S ARMED	E WAR OR DATES)			17. INFORMANT	127 EADD	宿in St	treet		
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	z		IFICANI CONE		PNESMO		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PARI I	30	
et i	CERTIFICATION	190 DATE OF OPERATI	ION	195 CONDI			N WAS PERFORMED	20a AUTOPSY?	20b. IF YES	, WERE FIND	INGS USED	
2	FIC		Terrain .					YES NO		YING CAUSE	S OF DEATH?	
-	ERT	210 ACCIDENT WAS UNDE	RLYING 1	216. TIME O			21c. HOW INJURY OCCUR	-41				
7		OR CONTRIBUTING C		HOUR A.	M. MONTH DA	Y YEAR						
	MEDICAL	21d INJURY OCCURRI	ED 1	21e. PLACE	OF INJURY		211 LOCATION			COUNTY	STATE	
	W	WHILE NOT WHILE	3.1	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM ETC }	STREET	CITY OR TO	100	COOKII	SIAIE	
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		sow the deceosed	d olive on	9/	18 19 E	39 , or	nd that in (my) (our) opinion	deoth occurred on the d	ate and hour	and Irom the	e couses stated	
		226 SIGNATURE	a raid not vie	w the body	A		DEGREE			22c. DATI	E SIGNED	
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	1	228 PHYSICIAN'S NA			/	27e ADDRESS						
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DHMH - 16 60M 7/84

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230 BURIAL, CREMATION, REMOVAL
(SPECIFY)
CREMATION
24 FUNERAL DIRECTOR HATGHT FUNERAL HOME (VRA 15, 4)

SYKESVILLE, MD 21784

236 DATE

6-20-86

23c NAME OF CEMETERY OR CREMATORY

Carroll Cremations

23d LOCATION
CITY OF TOWN
Hampstead Carrol1

JUN 25 1986

MD STATE

STATE OF MARYLAND

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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

FOR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🖟

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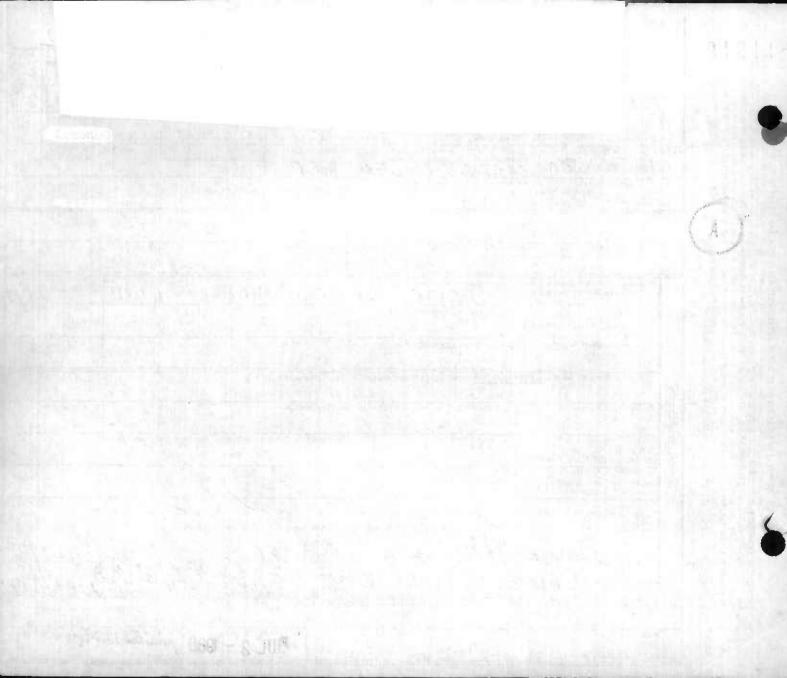
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m mo	3. SE	X	4 RACE	5. (ATE OF BIRTH MONTH DAY YEAR,	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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4 12 5/2		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY? 8.	ARRIED NEVER MARRIED	BALTIMORE CITY OR CO	UNTY OF DEATH
		Virginia	U	The state of the s	DOWED DIVORCED	/ '	County MD
10211 21	10 C	ITY OR TOWN OF DEATH		SPITAL, NURSING H	OME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY
- 10 (D)		Nestminster	Carroll	r	eneral Hospita	Electrician F	
1 1 1 1		AL RESIDENCE (IF NURSING HOME STATE 13b. CO		CITY OR TOWN		? 13e.STREET ADDRESS / ZIP	CODE
AN THE STATE OF		naryland (Morroll	Sy (cesui		1027 Day Road	
E 1 150 27	14. F.	ATHER'S NAME FIRST	WIDDLE	LAST	15 MOTHER'S MAIDEN	NAME	LAST
M 3 16/60		William		Rodgers	Mary	Nina	Cincaid
DRE DRE		VAS DECEASED EVER IN U.S YES NO OR UNKNOWN) (IF YES.	ARMED FORCES? 168	SOCIAL SECURITY	-4	ADDRESS	
TIME		NO -		118-14-43	30 Glenroy J.	Rodgers, Jr. Sy	kesville, MD 2178
BAL opport		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one cause per luce			-50C 0010	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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s tho			(c)	<u></u>			
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L RE los thos the permitted programme programm	FE	6-2 86	Le	At wel	in Itone	YES NOT INC	CERTIFYING CAUSES OF DEATH?
	18	210. ACCIDENT WAS UNDERLYING	21b. TIME OF IN		21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN IT	
OF CIAN	-	OR CONTRIBUTING CAUSE OF		MONTH DAY	YEAR		
NG PHYSICIAN: outending physician the recent content of the conten	MEDICAL	214 INJURY OCCURRED	21e PLACE OF		21f. LOCATION	CITY OR TOWN	COUNTY STATE
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		saw the deceased alive		or death	, ond that in (my) (our) opin	ion death accurred an the date an	d haur and fram the causes stated
A POS A		27h SIGNATURE	~ 1/10 8	.1	DEGREE	10	22c. DATE SIGNED
Al Al	10	(N) 0 8 x	pas		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN [6.686
Tid by	1	THE HYSICIAN'S NAME (TYP	OR PRINT)	20	22e ADDRESS	i ruh - ton	Mts. Cretn
O HOS stoined though		1 . (0	11711	47	In	2,000	100
75 5 5	23a	BURIAL, CREMATION, REMOVA	AL 236 DATE		OF CEMETERY OR CREMATO	RY 23d. LOCATION	COUNTY STATE
BP		BURIAL	6-9-86	Augu	sta Mem. Park	Waynesboro	Augusta Virgin

FOR

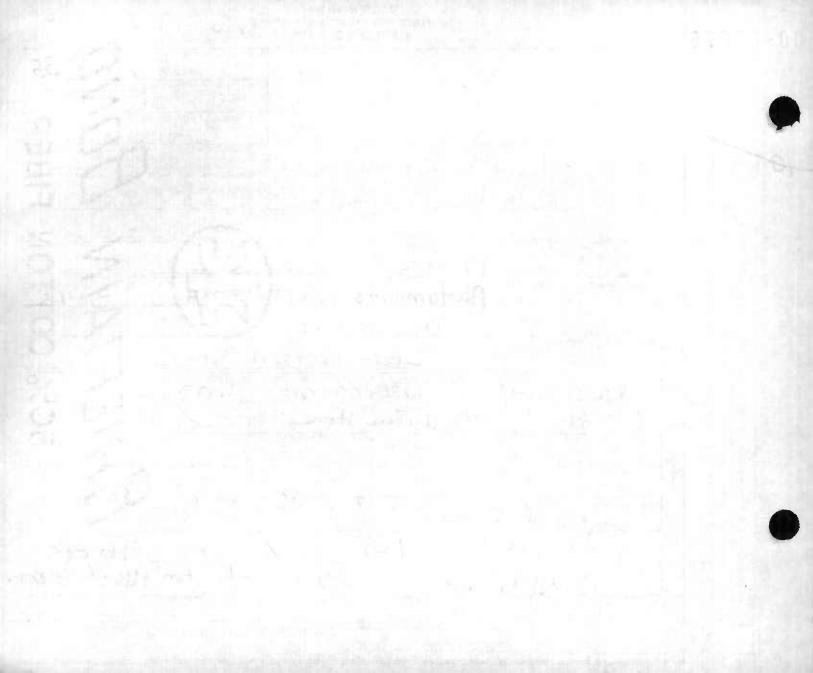
DHMH - 16 60M 7/84

(VRA 15, 4)

DE 21784 Cincaid esville, MD 21784 GIVEN IN PART Tra YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES [8 PART : OR PART 25 COUNTY STATE , that (I) (we) last aur and fram the causes stated Augusta Virginia Waynesboro BURIAL 6-9-86 Augusta Mem. Park 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE HAIGHT FUNERAL HOME SYKESVILLE, MD 21784

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🚍



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- 10	SAN SAN	Md		1	SA	WIDOWE	D DIVORCE	o Carrol	County	M	D.
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	4 多版古俗)	MACH	lanal Ca	rroll	Hamo	stead	YES NO	1220 N	· Main	5+.#21074	
Q.	A LANGE	14 FATHER'SIN	AME	WIDDIE	LANE		15. MOTHER'S MAIDER	NAME		LAST	
2	SS 53600		mond	T.			Margar	et P.		Hook	
ON .	NACE A	16g, WAS DECE	ASED EVER IN U.S. ARA	AED FORCES?	164 SOCIAL SECU	RITY NO.	17. INFORMANT152	6 N. Main	Seres Hamps	tead.Md.	_
5	THE WAY	(YES, NO, OR U	NKNOWN) (IF YES, GIVE V	WAR OR DATES)	1212.51	2-2902		cheufele A		1074	
¥	WITH CAN	No	SE OF BEATURE A		11-1	00/00	Jean M.S	chediere	#4	APPROXIMATE INTERVAL	=
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PRESTON	ANTAIN			DUE TO	AS A CONSEQUEN	CEOF					
8	WITHE PRCIL AMINER - TRANS ENTAL H		ditions, if any, which	(b/_	/						
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20	BANK N	lyine	couse lost.	(c)							
8	ALEXAL EXALES IN BUREAL BOOM	PART 2 OT	NER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DE	ATN BUT NOT BELATED TO THE	TERMINAL DISEASE I	OR CONDITION GIVEN IN PAR	I V (a)			-
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REC	THE PARTY WARRY	19a. DAT	E OF OPERATION	Tigh CON	IDITION FOR WHICH O	PERATION WA	S PERFORMED?			20 AUTOPSY?	_
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No.	E-05-8	CONTRI	YING OR BUTING CAUSE OF D	EATH	P.M. 19						
78	B S B S B B	W I	JRY OCCURRED		CE OF INJURY (AT HOM		ATION	CITY OR TOWN	COU	INTY STATE	
ă	25 2 2 2 2 2	₹ WHILE AT WOR	NOT WHILE]	FACTORY, FARM, ETC.)	311	KEEI	CITORIOWN	COU	JNIT STATE	
	E SE SE	1 2)	1				*	William No. 1	-
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	SAT BACK	23a BURIAL, CR	EMATION, REMOVAL 2	36 DATE	23t. NAME OF	CEMETERY OR	CREMATORY	234 LOCATION			=
		Buri.	al	June 10.	,1986 Meado			CHYCETOWN	COUN		
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	DHMH - 17	(NAME		UAR ADDI		ELEN	11111				
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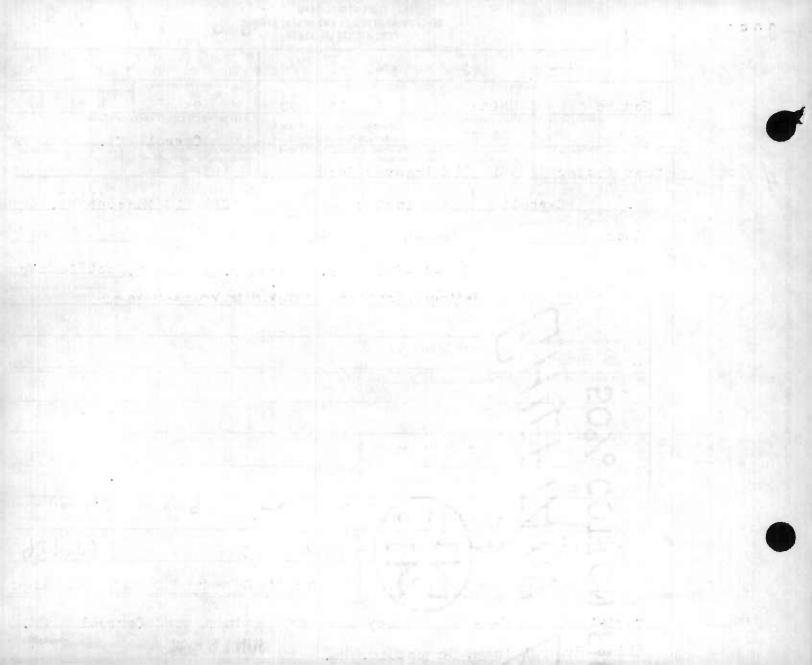
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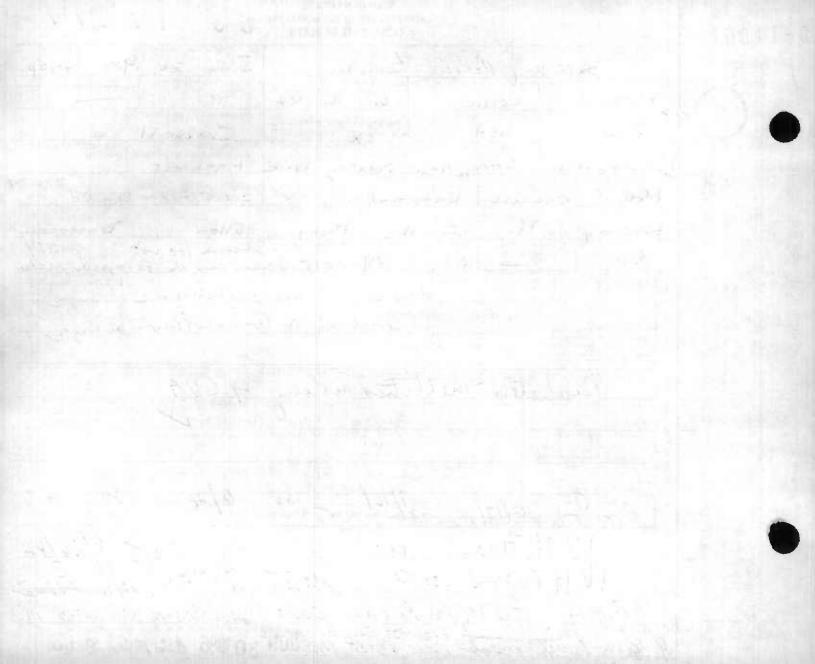
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		0 2 0	1.05	REGISTRAR CEASED NAME FIRST	WIDDLE	IAST	REG. NO. 26. DATE OF DEATH MONTH DAY YEAR 26. HOUR
		n φ		ORPRINE) Carrie	J	Seller	
		poge 3					6 3 86 6 P M
	To .	offer p	3. SE:	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
-		oge .		Female	White	2 18 90	96 YRS.
2	9	The Prod		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
		See and See		aryland	USA	WIDOWED TO DIVORCED	Carroll Co MD.
		2 7 7	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	128. USUAL OCCUPATION 128. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
5	11			estminster	3610 01d Han	over Road	HWF
MARYLAND 21201	41	E a a	USU.	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR		13e STREET ADDRESS
2		は消息の		Md. Carr		nsterYES □ NO 3	3610 01 d Hanover Rd.
YLA		ラストリト		THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME
MAN		a la		Amos	Ebaugh	Barbara	
		P S S		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECT		ADDRESS
BALTIMORE		Pages 1	(212-24-	3718 Mr. Alber	rt R. Kelbaugh Westminster
ALTI		0 0 0 0		IR CAUSE OF DEATH (Fotor on	ily ane cause per line far (a), (b), ar		rt R. Kelbaugh, Westminsfer APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
60		physici on paper emaval.		PART I. DEATH WAS CAUSE	DBY: DELLOS	Soloration Card	Alor Doubas Dilano
12				IMMEDIAT	E CAUSE (a)	300 1010 0000	100000000000000000000000000000000000000
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NE.		the offer remove (emotion)		Canditians, if any, which gave rise to immediate	(b)		
×				cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF	
201		ed by oleose riol, cr			(c)		
		sign Then to bu	z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT KETATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PART 110
RECORDS		0 + 0 >	1 5	19a DATE OF OPERATION	LIST CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
REC		S e e s	CERTIFICATION	THE DATE OF OFERANOR	The condition to a writer	O ENAMON WAS TEN GRAVED	IN CERTIFYING CAUSES OF DEATH?
TAL	Ī	e o u o /	1 2	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21r HOW IN JURY OCCU	YES NO YES NO RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
DIVISION OF VIT		g physicing physicing certificate riol-transit entol Hygi them 18 sh		OR CONTRIBUTING CAUSE OF DEA		AY YEAR	THE (ENTER MATURE OF INJURY INTIEM TO, PART TORPART 2)
0		certific uniol-tra	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		21f. LOCATION	
Sio			MED	21d. INJURY OCCURRED WHILE NOT WHILE	218. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.		CITY OR TOWN COUNTY STATE
>io				AT WORK			
		ol or ol ol or ol ol ol or ol			tal) attended the deceased fram.	1986	, to, 19, that (I) (we) last
		Spirit of a for a		saw the deceased alive an abaye (1) (we) (did na	t) view the bady after death.		n death accurred an the date and havr and from the causes stated
		DIRECTOR A DEPT.		22b. SIGNATURE	11011100	DEGREE A) TENDING	MEDICAL STAFF
		At y th y th deto deto		Curry	our aug da	PHYSICIAN	DIRECTOR PHYSICIAN
	8	d be d be Start		224 PHYSICIAN'S NAME (TYPE O	OR PRINT)	22e. ADDRESS	
		TO FUNERAL D should be detoo with the Stote D IMPORTANT: If		Chitrachedu	Naganna, M.D., P.	.A. 700-A Poole	e Rd medical Center, Westminster
	,	5 5 5 3 3		BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN COUNTY STATE
		BP		Burial	6-6-86 We	slev Cemetery	Hampstead Carroll Md.
					1 0-0-00		
	ры	MH - 16 50M 4/B2	24 F	UNERAL DIRECTOR	1 Home, Hamps	250. DA	JUN, 1 6 1986 July Jan Jan Jan



		1			STATE OF MARYLAND			
			FOR	DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE, &	7 2 1	1
1 - 1	061		- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
0 11	001	1	DECEASED NAME , FIRST	MIDDLE	LAST	120. DATE OF DEATH MONTH	DAY YEAR 2	No. HOUR
4	n.e		(TIPE CREMENT)	0-2.5	1	THE OF BEATT		10 700
	5.2		Har	ver lierle	2m, th	June 26,	1986 -	Mdch: A
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	-	UNERAL DIRECTOR	412	Washir				25a. DATE	REC'D. BY REGISTRA	R 256. REGIS	TRAR'S SIC	GNATUI	RE	
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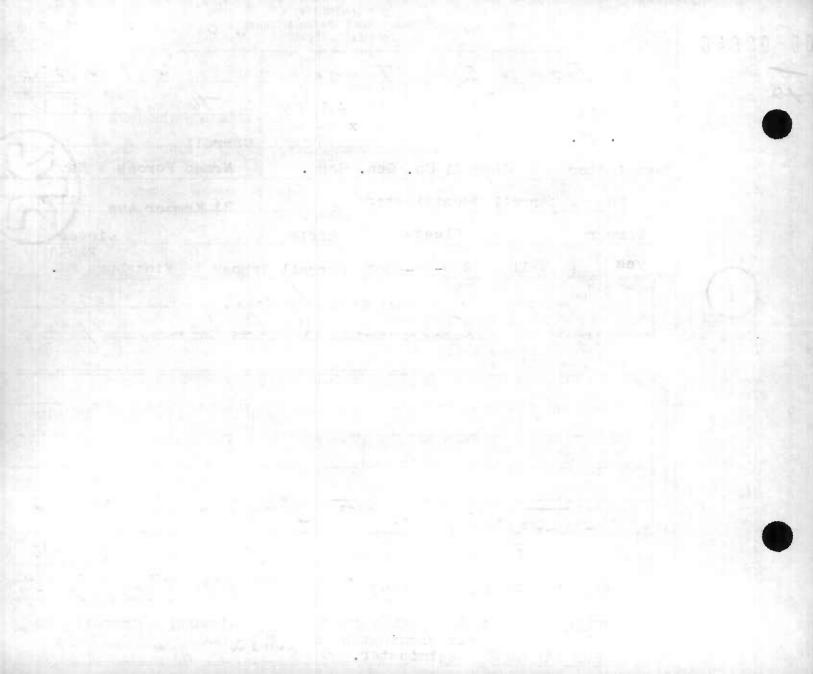
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BP	TEN Into I OR OR		saw the deceased alive on	6:12	She and that in (my) (our) opinion	death occurred on the date and have	
BP	A P P P P P P P P P P P P P P P P P P P			it) view the body after death.			
BP	OR Dep F He		220. SIGNATURE	(m = -0() -6	A . \	AAEDICAI STAEE	22c. DATE SIGNED
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DHMH-16 60M 7/84 POPEL K. Pritts Sr. Westminster MD 24 FUNERAL DIRECTOR 412 Washing ton Road Robert K. Pritts Sr. Westminster MD	RD		(SPECIFY)			CITY OR TOWN	- 0 11
DHMH-16 60M 7/84 Robert K. Pritts Sr. Westminster MD	Dr			10/10/86 M	L. Zion		
(VRA 15, 4) RODELL K. PLITTS, SI., WESTMINSTEL, MID JUNE 1 V. K				Masililia Coll II	MD MO	TE NEC D. BT REGISTRAR 230. REGISTI	KAK 2 210NATURE
	(VRA 15, 4)	ILC	bert K. Frit	cs, Sr., Westr	ninster, MD Jum	I V. MOD. A. d. K.	Durker "

AR PARKETING LIVEL , DALLING VILLE 131 - - - IN IN

(VRA 15, 4)

FUNERAL HOME

STATE OF MARYLAND



STATE OF MARYLAND	
EPARTMENT OF HEALTH AND MENTAL	HYGIENE
CENTIFICATE OF BEATH	

Thomas homas

CERTIFICATE OF DEATH

20. DATE OF DEATH MONTH 2b HOUR 86 9. BALTIMORE CITY OR COUNTY OF DEATH

BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY?

Carroll

Virginia

MARRIED NEVER MARRIED DIVORCED WIDOWED

5. DATE OF BIRTH

County (TYPE OF WORK FOR MOST OF WORKING LIFE) Secretary

INDUSTRY Plumbing

ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION
38 STATE
134 COUNTY
137 CITY OF TOWN

Westminster

Caroline /

NO B 15. MOTHER'S MAIDEN NAME

YEAR

52 Clarkes Country Lane MIDDLE

13e STREET ADDRESS / ZIP CODE

McLaughlin

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

George 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN)

Maryland

14 FATHER'S NAME

Pennsylvania

FOR - STATE

REGISTRAR

DECEASED NAME

Edward Lippy 16b. SOCIAL SECURITY NO 212-07-7442

Beatrice 17 INFORMANT

Karen L. Rice, 52 Clarkes Country Lane

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)

Conditions, if ony, which gove rise to immediate couse (a), stating the

underlying couse

A GONSEQUENCE OF Theroselectic Heart Disense

Cardia orrest

DUE TO, OR AS A CONSEQUENCE OF

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100

CERTIFICATION

90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

COVD

200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH FIF FITHER NOTIFY MEDIC ALEXAMINER) 21e. PLACE OF INJURY

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19

(AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

21f LOCATION

27a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on sow the deceased alive on obove, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

MEDICAL STAFF

and that in (my) (our) opinion death occurred an the date and hour and from the causes stated

22c. DATE SIGNED

Md.

230. BHRIAL, CREMATION, REMOVAL

NOT WHILE

HARSHEY MD

23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

22e ADDRESS

DEGREE

Woodlawn

www.www.hundall

24 FUNERADDIRECTOR

Burial

6/2/8/86 Lowell Lemmon, 10 W. Padonia Rd.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

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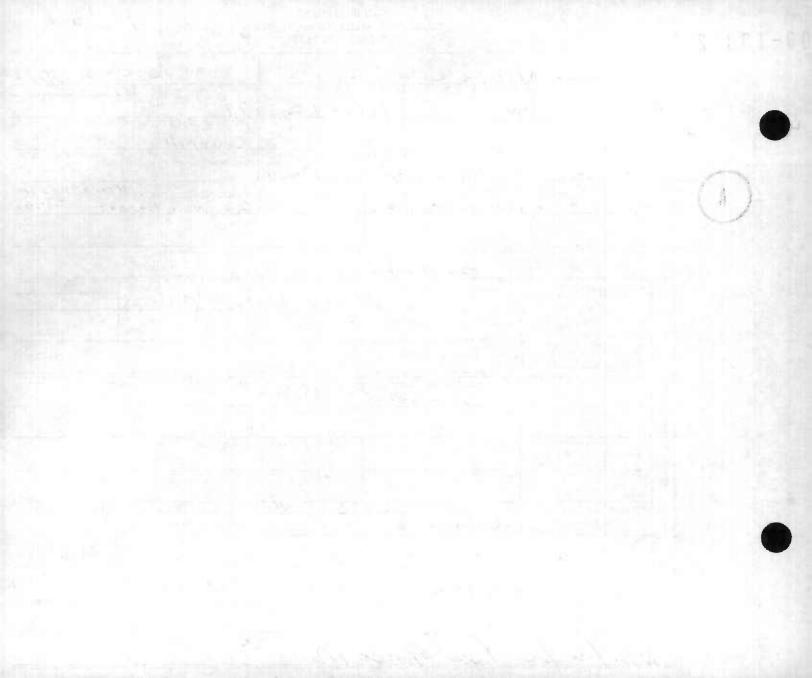
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	FOR TATE	DEPAR	MENT OF HEALTH AND MENTAL HY	SIENES 6	0
0 00077	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
10-088//	1 DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 2b. HOUR
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be oge 3	MILDRED	П.	TINHUUS	6-0	TO JAM
r. p	3. SEX	I. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF U	INDER I YEAR IF UNDER 24 HRS THS DAYS HOURS MIN.
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2 43 10	70"BIRTHPLACE (STATE OR FOREIGN 7	L CITIZEN OF WHAT COUNTRY	2 8	9 BALTIMORE CITY OR COUNTY OF	DEATH
\$ 10 T	COUNTRY		MARRIED NEVER MARRIED	Man = 200	
13 34 3	Maryland ID. CITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	Carrosex	MD.
X 1 11/20	IN CHIT OR TOWN OF DEATH	(JE NOT IN SUCH FACILITY, GIVE STREE		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
2) · 10 0	Massimerale	Carroll Co	econtes General	Bookkeeper	
2 pp	USUAL RESIDENCE (IF NURSING HOME OR CO			Lie CYPET ADDRESS / TIP CODE	21 21784
ND 2 24 hc 24 hc ould b	mel Carro	11 11 11 11 11 11 11 11 11 11 11 11 11	YES NO NO	13e.STREET ADDRESS / ZIP CODE	Rd.
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X e e e e e		MARKI	5 Bertha	111.	moley
OR sec	160 WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	1
IMC e e)	NO		John L. Tima	nus Sykesville,	MD 21784
ALT te b	18 CAUSE OF DEATH (Enter only	cane cause per line for (a) (b) o		5),1205,121207	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physinovo novo	PART I. DEATH WAS CAUSED	BY: CAA DI	RESPIRATORY	ADDICT	BETWEEN ONSET AND DEATH
S Programmer S	IMMEDIATE	CAUSE (a)) ICESPIRATORY	INCEST	- NATUROUS
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by by other	underlying couse last	1	SEIVEE OF		
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V OF VII	OR CONTRIBUTING CAUSE OF DEATH	P.M.	DAY YEAR		
ON OF VIIA	CIF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
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OR A DIRECTOR A DIRECTOR OF The Dept.	22b. SIGNATURE		DEGREE		22c DATE SIGNED
7 + 7 + 9 -	talailradhe	du honor	AAR ALE ATTENDING	MEDICAL STAFF	6-6-88
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	24 FUNERAL DIRECTOR			E REC'D. BY REGISTRAR 25b. REGISTRAR	
DHMH - 16 60M 7/84	NAME	OME CVIZECULT T		NO 1006 Stulia Davis	doon fandable
(VRA 15, 4)	HAIGHT FUNERAL H	OLE SIVESAITT	E, MD 21784	9 1300	



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0 10200	1. DE	CEASED NAME FIRST		MIDDLE		AST		REG. NO	Y YEAR 7b H	HOUR	
A 2 5	{TYPE	ORPRINT) Miriam	E		Walsh		1 2	6/14/86			3 40 PM
UA-1 1	3 SE		4 RACE		5. DATE C	FBIRTH		6. AGE (IN YEARS LAST BIRTE			NDER 24 HRS
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1 11 01		RTHPLACE (STATE OR FOREIGN		WHAT COUNTR	Y? 8	D NEVER MA	_	9 BALTIMORE CITY O		F DEATH	
1 11/27	C	MD.	US		WIDOWE		DRCED [CARROLI	COUN	YTY	MD.
		ry or town of DEATH	11. NAME OF	HOSPITAL, NUR ICH FACHLITY, GIVE STR Green	EET ADDRESS)		TUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF NOUSEW)	WORKING LIFE)	126. KIND OF BUS	INESS OR
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		VAS DECEASED EVER IN U.S. AI	RMED FORCES?	16b. SOCIAL SE	CURITY NO.	17 INFORMAN	T	ADDRE	SS		
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V ST., BA centicuts to physic bonycope creent, th		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSI IMMEDIA	TE CAUSE (a)	Adeno	-carcin	oma, co		th abdomina	1	APPROXIMATE I BETWEEN ONSET	
201 W. PRESTO in that the death well by the attent please remove or print. Cremation, or or other trauma		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)	DR AS A CONSEC	DUENCE OF	NOT DELL'ATED Y		astasis.		6 mos	
DS. September 1985.	Z	ASCVD	CONDITIONS C	ONINGI	O DEATH BUT	NOI KELATED I	O THE TERMI	NAT DISEASE OR CON	II ION GIVE	N IN PART 1(a)	
NA SECON	TIFICATE	19a DATE OF OPERATION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORM	MED	200 AUTOPSY?	20b. IF YES, YES YES	WERE FINDINGS LING CAUSES OF D	USED DEATH?
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5 5 5 4 F	73n R	Richard Y. Dal		M.D.	NAME OF C	Suite 12	Carro	Plaza=W	estmin	ster, Md.	21167
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DHMH - 16 50M 7/77 (VR A 15 (4))	24 FU		12 Wash	nington	Road		J W TE	23 Stootra	Programme Andrews	ST. TO TT	MD
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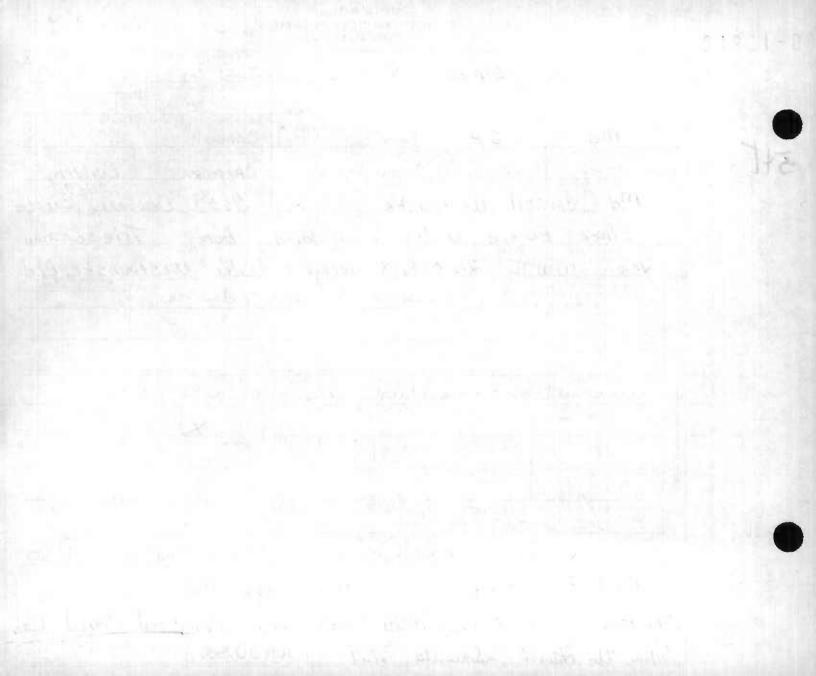
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0-10882	L	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	7 2 8 7
e		CEASED NAME FIRE	STATE CATHERINE WARNER	25-86 OFOO M
nay be page	3. SE	X X	4 RACE S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4 m	F		W 10/16/06 79 YRS	MONTHS DAYS HOURS MIN.
P S C P G	7a B	IRTHPLACE (STATE OR FOREIG	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNT	Y OF DEATH
1000		MARYLAND	U.S.A. WIDOWED DIVORCED Carroll	MD.
1 1 1	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 174 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
20		restminster	Carroll County General Hospital LAUNDRY	HOSPITAL
ON TO BE		STATE 13b	DIME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) COUNTY 136 CITY OR TOWN 13d. INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP COL Cornell Westminster YES & NO = 231 main St	ENEW Windson
	14 F	ATHER'S NAME	15 MOTHER'S MAIDEN NAME	
W P D D D D D D D D D D D D D D D D D D		WARREN	HOLLENBAUGH MARY ELLEN	LAMBERT
MORE, and co Pages 1		WAS DECEASED EVER IN U. YES, NO OR UNKNOWN) NO		
201 W. PRESTON ST., BJ. es that the death certificat ned by the attending physipleose remove corbon pop urial, cremation, at removo urial, cremation, at amovo		Conditions, if ony, whi gove rise to immedia couse (a), stating t underlying couse lo	DUE TO, OR AS A CONSEQUENCE OF the DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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A STORY STORY	ERTI	21a ACCIDENT WAS UNDERLYIN		ES NO
4 4 4 9		OR CONTRIBUTING CAUSE	OF DEATH HOUR A.M. MONTH DAY YEAR	PART (OR PART 2)
NVISION ASSESSMENT OF THE SERVICE OF	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	AMINER) P.M. 19 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET CITY OR TOWN	COUNTY STATE
ATTENDITY OF SPECIAL OF SPECIAL AS 1 SE MECHANISM OF SE MECHAN		saw the deceased ali above, (I) (we) (did) (c	de not) view the body offer death.	ur and from the causes stated
PHALOR IN THE NO. 18 ANT. If her Day ANT. If her		276. SIGNATURE	DEGREE M.D. ATTENDING MEDICAL STAFF PHYSICIAN DEFRECTOR PHYSICIAN	226. DATE SIGNED 6125/86
D HOSPI homed b O Funk bould be wpoRtA		CHITPACHET	3000 21 (40)	minutes 81 22157
ET PATM	23a.	BURIAL, CREMATION, REMO (SPECIFY)	DVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITYORTOWN	COUNTY STATE
BP	74 E	BURIAL UNERAL DIRECTOR 1		CARROLL MD
DHMH - 16 60M 7/84 (VRA 15, 4)		N.D. Hart	Ver Dew Hindson, Md. 25a. DAJE BY, REGISTRAR 25b. REGIS	TRAK'S SIGNATURE



10-10949	1-	STATE REGISTRAR	DEPARI	CERTIFICATE OF DEATH	REG. NO.	
		EASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR A
noy be poge 3	(1110	Nelson	1 Elmer	Wiles	June 29 198	16 0104 M
mo)	3. SEX		1 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS
4 00		Male	white	MONTH DAY YEAR	70 YRS.	DATS NOOKS I MIN.
2 92 0		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
1425		md.	USA	WIDOWED DIVORCED	Carroll	MD.
2011/1	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	12¢ USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR
11/160	-	estminster	Carroll County	General Hospital	CARpenter	Building
3 1/1 30	13a S	TATE 136 COUNTY	OTHER INSTITUTION GIVE RESIDENCE BEFORM 13c. CITY OR TOV	WN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	21157
3 2 2	14 E A	THER'S NAME	ROII (Destini	15 MOTHER'S MAIDEN NA	3601 Dew	berry Circle
AR William	13.17	FIRST #	MIDDLE LAST	Morrier amaintain	MIDDLE	Trie schman
Secured Cole	Ián V		Eugene Wil	URITY NO. 17 INFORMANT	Hanes	rieschman
MORE e exec	()		WAR OR DATES) 216 01	8678 George E.	11120 11/051	minste Mal.
F		18 CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b), a		Carrer Cocorr	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T., BAL trificate physica magael went, th		PART 1. DEATH WAS CAUSE		exclaratic blee	int disease	
DN S ding carbo or re			DUE TO, OR AS A CONSEQU	JENCE OF		
he death or ne ottendin emove cark mation, ar		Conditions, if ony, which	(b)			
- + + - o o		gove rise to immediate couse to stating the	DUE TO, OR AS A CONSEQU	JENCE OF		
tho tho		underlying cause last.	(c)			
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM		
RECORDS, law requir ns been sig ermit. Then ne prior to b	ATIC	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED		WERE FINDINGS USED
	CERTIFICAT					ING CAUSES OF DEATH?
VITAL N. The roote h roots the Hygier Hygier 18 short	CERI	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
V OF VIII		OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
DIVISION OF VIT	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
IVIS JG P otte s the hone	×	AT WORK NOT WHILE	TALLOWE STREET, PACTORY, OFFICE,	C / L	(120	~
3 0 0 0			ital) attended the deceased from.	6/16 19 80), to 0/21 19	that (I) (ye) last
ATTEN Sprital CTOR of Her und Har und		sow the deceased alive on above, (I) (we) (did) (did ac	51) view the body ofter death.	and that in (my) (an) apinion	death accurred on the date and hour	and from the causes stated
OR A DIRE DIRE Dept		22h SIGNATURE	15.00 O	DEGREE ATTENDING	MEDICAL STAFF	220 DATE SIGNED
SPITAL ed by th UNERAL d be det he Stote		22d. PHYGICIAN'S NAME (TYPE	1 Shanner	PHYSICIAN [DIRECTOR PHYSICIAN	16/29/00
O HOSPITAL O HOSPITAL TO FUNERAL Thould be det with the Store WHOMETANT		Pan Fel	. 1	i N	ml	2 3 1 1 1 1 1 1 1 1
0 8 0 8 4 A	2200	INUI AD	enschäde	NAME OF CEMETERY OR CREMATORY	123d LOCATION	
BP	1	URIAL, CREMATION, REMOVAL	236. DATE 236	ARIHALI ATHERET OR CREMATORY	CITY OR DWN	COUNTY STATE
The second second	24. FL	INFRAL DIRECTOR	10 20 16 14	250. DAT	TE REC'D. BY REGISTRAR Sh. REGISTR.	AR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	7	forming YI). Hai	ant Six Dais	4 md. JU	N 30 1986 Julia Dai	Idom-Northean

STATE OF MARYLAND



11788		1 -	FOR STATE REGISTRAR			DE	PARTMI			MENTAL HY	GIENE	5 R	EG. NO.	7	2.8	3 9	
	32		CEASED NAME	FIRST	A	MICOLF		LAST	,		2a. DA	ATE OF DE	ATH MON	NIH O	AY YEAR	2b HOU	
y be	,		KAL	-PH	E			YEA	LY				6		4 86		141
e 6		3 SEX			4 RACE			5. DATE OF E	BIRTH	YEAR,	6 AGI	E (IN YEARS	LAST BIRTHDA		ONTHS DAYS	HOURS	MIN.
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neath P	25		RTHPLACE (STATE OR FOR COUNTRY) MD		75. CITIZEN OF V			MARRIED WIDOWED		MARRIED			oll C		of DEATH		MD.
s ofter o	1		TY OR TOWN OF DEATH stmimster	1	11. NAME OF H	HEACILITY, GIV	E STREET AD	DRESS]	other ins		(TYPE		UPATION MOST OF WO	IRKING LIFE		DE BUSINE	ESS OR
24 hour filled in build be f	26	USU/ 13a. S	AL RESIDENCE OF NURSING STATE 13	b. COUN		13c CITY O	RTOWN			CITY LIMITS?	13e ST 23	REET ADD	RESS / ZIF	code	nd St	. 21	1157
tely 2 sho		14 FA	THER'S NAME					15		'S MAIDEN NA							
y pole	10		Enoch		MIDDLE	4	Yeal	У		Sarah		J.	A.		(unk	nowr	3)
n and cor	1				MED FORCES?	166 SOCIA			INFORM				ADDRESS				
0 5 0			na	-					rruu	h Yeal	-У•	13e			APPROX	CIMATE INTER	RVAI
physical phy	18		18 CAUSE OF DEATH PART I. DEATH WAS	CAUSE	lly ane cause per D BY: 'E CAUSE (a)	ACU			1 mm	NARY	1 4	EDE	m A			URS	DEATH
quires that the death signed by the attend hen please remove cal to burial, cremation, a niury, or other traumot		No	Conditions, if any, vigore rise to imme cause 10% stating underlying cause	the last.		RIAS A CON THE	NSEQUEN POSC	CECUP ICE OF IL JERO	TIC	CERON DIOTHETER	ARY	Herr	T Drs	GISE	YEA	mes	
n. no been been been be prior I	7	CERTIFICATION	19a DATE OF OPERATIO	N	19b. CONDI	TION FOR	WHICH C	PERATION V	WAS PERF	ORMED		AUTOPSY	L/IN	CERTIFY	WERE FINDS	OF DEAT	TH2
ysicia icate h ronsit Hygie 18 sha	G		210 ACCIDENT WAS UNDER		21b. TIME O	FINJURY M. MONT	TH DAY	YEAR 2	It. HOW II	NJURY OCCUR		ternal .	OF INJURY IN	YES		NO [
ding physics certificate buriol-tron Mental Hy	1	CAL	(IF FITHER NOTIFY MEDICAL	EXAMINER	P./	M.		19	1550							A S	
ter this is the but hond M	n	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21e PLACE (OF INJURY	OFFICE FAR		II LOCATI			CII	TY OR TOWN		COUNTY	S	STATE
A Af	-83		220.1 certify that (1) (th					,		19_7/	to		6/2	4.1	986	that (I) (v	we) lost
ECTOR d for u			saw the deceased above, (1) (we) (did	alive an	t) view the body		19 80	, and t	that in (my) (aur) apinian	death a	ccurred or	the date a	and hour	and from the	causes sta	oted
Se of of			226 SIGNATURE		- 17			DEC	GREE	ATTENIONIO	den		67.155		22c. DATE	SIGNED	21
F + 60	+		21 PHYSICIAN'S NAM	E (TYPE O	DICE RERINTI	cocc	0/9	12	2e ADDRE	PHYSICIAN SS	DOIRE	CTOR	STAFF PHYSICIAN		6/2	55/8	6
etained by to FUNERAL should be de with the State	1																
Short Short			URIAL, CREMATION, RE	MOVAL	236 DATE		23c NA	ME OF CEM	ETERY OR	CREMATORY	23d	LOCATIO			COUNTY		STATE
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HMH - 16 60M 7/	В4 .		per K. P	412	Washin	gton	Ros		r. M		TE REC'E	BY REGIS	STRAR 25b.	REGISTR	AR'S SIGNA	URE	1.
(VRA 15, 4)		. 01	OCT O IV. T	0 (no nr.	, ,,,	~ 01112	2270 00.	- 9 7.7	- 1			U				

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